Government of Saskatchewan

2005 – 2006 Annual Statistical Report

Saskatchewan Health

Medical Services Branch

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2005-06. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association. Payments by the Plan under its program areas totaled $534.0 M in 2005-06 (see page 5), an increase of $37.7M or 7.6% over 2004-05.

- The Branch supports educational activities at the College of Medicine through the Clinical Services Fund. With a budget of $22.4 M in 2005-06 (see page 5), the Clinical Services Fund covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate, post-graduate and continuing medical education; and
  - 218 post-graduate medical resident positions (see Table 33).

- The Medical Services Plan, through its Professional Review Committees recovered $416,900 in fee-for-service payments from 18 practitioners who were found to have incorrectly charged the Plan (Table 2).

- The number of claims received for processing in 2005-06 totaled over 9 M, an increase of 1.0% from 2004-05 (Table 3).

- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to $427.6 M, an increase of 6.7% on a per capita basis (Table 8). Total expenditures (000's) by program area were:

	2004-05	2005-06	Per Capita Change
physicians	$383,919	$411,213	6.79%
optometrists	$4,229	$4,369	3.01%
chiropractors	$9,858	$10,419	5.39%
dentists	$1,485	$1,559	4.73%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totaled $21.2 M (Table 11) up 4.2%. Out-of-province hospital payments totaled $48.2 M (Table 13a) up 18.3%. Physician fee and hospital per diem rate increases contributed to these increased costs, in addition to severity of cases referred out-of-province (such as stem cell transplants).

- Services provided outside of Canada for patients with prior approval are:

	2004-05	2005-06
Patients	22	29
Practitioner Costs	$290,000	$470,200
Hospital Costs	$520,300	$2,769,700
Total Costs	$810,300	$3,239,900

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,301 from 1,265 in 2004-05. Metro (Regina and Saskatoon) general practitioners increased by 22 (to 384), other urban general practitioners decreased by 5 (to 149), and rural general practitioners decreased by 1 (to 234); specialists increased by 10 to 534.

Average payments to active physicians (Table 25):

General Practitioners	$234,200	up 4.0%
Specialists	$366,100	up 6.5%
All Physicians	$288,400	up 5.2%

(see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural Emergency Coverage Program totaled $20.8 M (Table 27), an increase of 2.0%.

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totaled $100.7 M (Table 28), an increase of 11.3%.

- The per capita costs for physician services increased by 6.9% to $397 from $371 in 2004-05 (Table 31), primarily attributed to Payment Schedule changes (see status of current agreements on page 58).

Physician Remuneration

- In 2005-06, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totaled $357.4 million (see page 6), an increase of 8.2% from 2004-05.

- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2005-06, this sector accounted for about $150.6 million, 27.5% of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).

- The amount of new and continuing bursaries and grants decreased from 120 to 118 in 2005-06 for a total commitment of $3.5 million (see page 6).

Medical Services Branch
2005-06 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	$397,718,568	73.9
Physicians – Fee-for-Service[1]	363,435,159	67.6
Physicians – Non-FFS		
- Alternate Payments	8,464,977	1.6
- Northern Health, Student Health & Community Clinics[2]	11,418,672	2.1
- Physician Stabilization	0	0.0
Chiropractors	8,908,279	1.7
Optometrists	3,918,384	0.7
Dentists	1,573,097	0.3
Out-of-Province (including Hospital)	80,613,852	15.0
Saskatchewan Medical Association Programs[3]	33,247,770	6.2
Medical Education System - Clinical Services Fund	22,380,509	4.2
Dental Residency Grant	0	0.0
Administration	3,898,550	0.7
Total Expenditures	**$537,859,248**	100.0

[1] Includes Rural Emergency Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments.

Notes:

1. There is a difference between Medical Services Plan payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis, but actually funded on a global basis through the Regional Accountability Branch; and, the handling of chiropractic and optometric Supplementary Health Program claims.

2. Medical Services Plan Out-of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2005-06

	Payments	Recipients of Bursaries & Grants: New	Recipients of Bursaries & Grants: Total[4]
Fee-for-Service (FFS)	$357,396,314		
Rural Emergency Coverage Programs[3]	$6,384,376		
Specialist Emergency Coverage Programs	$14,416,812		
Non-fee-for-service (Non-FFS)	$150,561,878		
Medical Remuneration	$77,331,685		
[1,2]Saskatchewan Cancer Agency	$9,908,944		
[1,2]Student Health Centre	$371,395		
[1,2]Community Clinics	$5,653,341		
Physician Stabilization	$0		
[1,2]Northern Health Contract Physicians	$5,393,936		
Alternate Payments - MSB Non-FFS	$8,281,391		
Alternate Payments - RHA Operating	$14,864,514		
[1,2]Alternate Payments - Primary Health Services Sites	$6,376,163		
Clinical Services Fund (College of Medicine)	$22,380,509		
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	**$528,759,380**		
SMA (excluding Emergency Coverage) and Bursary Programs	$18,830,958	50	118
Undergraduate Medical Bursaries	$257,500	3	17
Medical Residency Bursaries	$175,000	4	8
Physician Re-Entry Training Program	$289,696	2	8
Rural Practice Enhancement Training	$83,962	2	4
Rural Practice Establishment Grant	$250,175	7	21
Rural and Remote Incentives	$2,083,667		
Continued Medical Education	$2,200,000		
Canadian Medical Protective Agency (CMPA) Funding	$5,400,000		
Practice Enhancement Program	$75,000		
Physician Retention Fund	$4,000,000		
Specialist Recruitment and Retention Bursaries	$2,005,833	27	49
New Initiatives	$891,680		
Parental Leave Program	$700,000		
Saskatchewan Health Re-entry Training	$303,873	1	7
Supernumerary IMG Training Seats	$114,572	4	4
Grand Total: Expenditures (including SMA & Bursary Programs) Continuing Bursaries from Previous Years	**$547,590,338**	68	--

[1] Expenditures in these areas are managed by other Branches of Saskatchewan Health.

[2] These expenditures include payments to physicians only.

[3] Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

[4] The total includes new recipients in 2005-06 plus recipients of continuing bursaries from previous years.

Note: 1) Department funding for physician services may not equal expenditures by Regional Health Authorities.
2) Portions of Department funding are unavailbale, such as radiologist compensation for CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

The Medical Services Plan provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being registration and residency with the Health Registration and Vital Statistics Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer; and
- other diagnostic services provided by a physician.

Laboratory Services

- any laboratory services, including interpretations, provided by specialists in pathology; and
- an approved list of laboratory services provided by a physician other than a pathologist.

Preventive Medical Services - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with a Saskatchewan Cancer Clinic.

Optometric Services

Coverage for optometric services is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program; and
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

The services covered include routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over).

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by the Medical Services Plan);

- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and
- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval of the MSP is received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:
Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

Hospital Services:
Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons traveling outside Canada are covered on the following basis: $100 (Canadian) per day for in-patient services; $50 (Canadian) for an out-of-province patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Similar prior approval provisions exist for coverage of hospital services provided outside the province in respect of cataract surgery, MRIs and bone densitometry, as noted above for physicians.

Exclusions

The following services are not insured by the Medical Services Plan:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

The Medical Services Plan makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and
- salary, contractual or sessional payment arrangements funded through Regional Health Authority Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and regional health authorities considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

A global system of payment for the operation of four community clinics is provided by the Primary Health Services Branch.

Practitioners may choose to practice entirely outside the Medical Services Plan, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to make monetary reassessments and level fines of up to $50,000 (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon Medical Services Plan (MSP) payments made during 2005-06 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2005-06 include some services provided in 2004-05.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting, the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Regional Accountability Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSB is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. The data also excludes lump sum payments to dentists and dental surgeons in 2002-03 and 2004-05 in lieu of retroactivity. Lump sum retroactive payments to optometrists for 2005-06 are included. Any such payments, whether included or excluded from the data tables, are always included in the Expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both the Medical Services Plan and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counseling** - Includes treatment interview, group therapy, and counseling (including healthy lifestyle/health education counseling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, when provided by an optometrist, partial examinations and tonometry testing.

(q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. **Physicians**

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004 a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

II. **Optometrist** - A practitioner registered by the Saskatchewan Association of Optometrists.

III. **Chiropractor** - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2000-01 to 2005-06

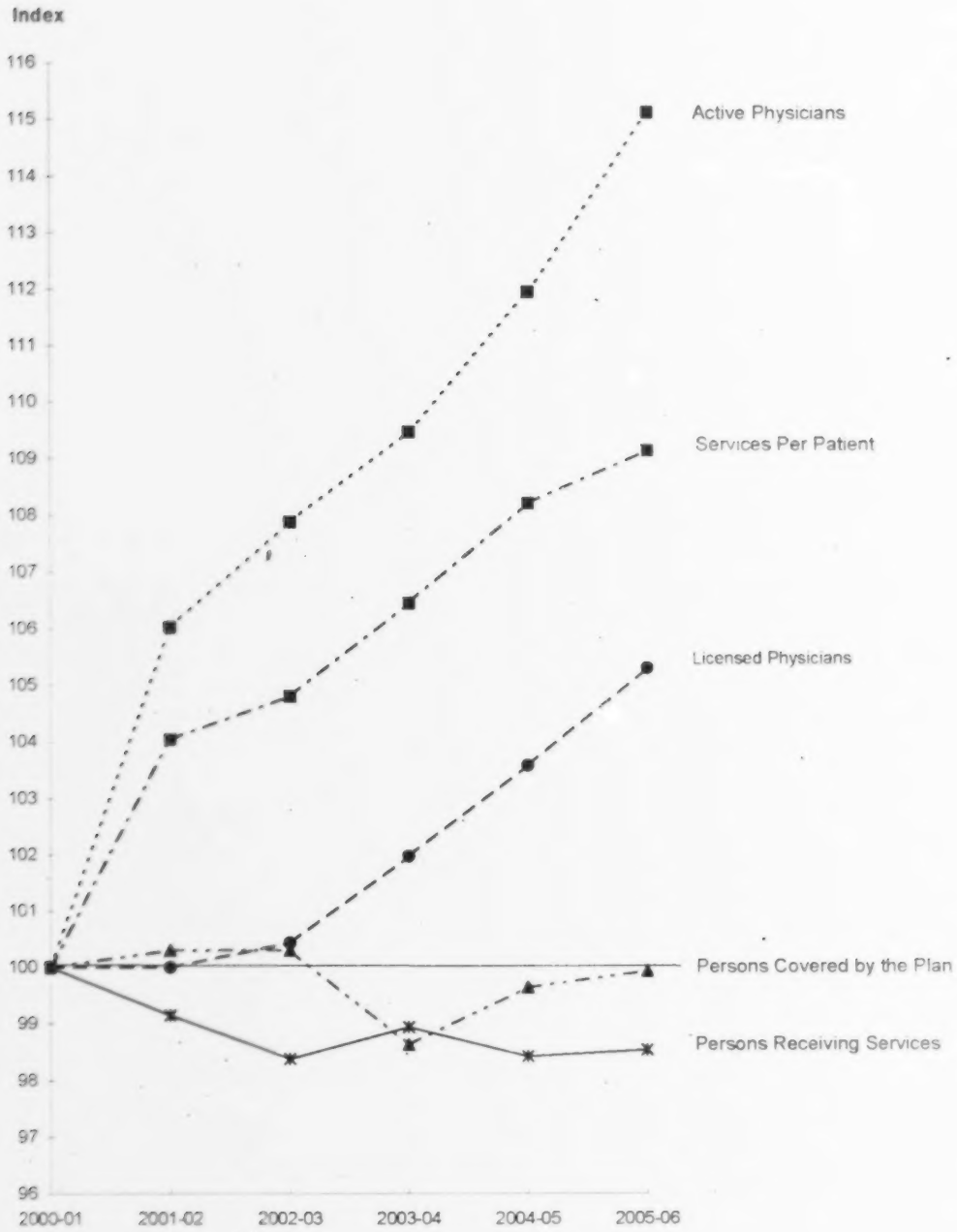

Figure 2
Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2000-01 to 2005-06

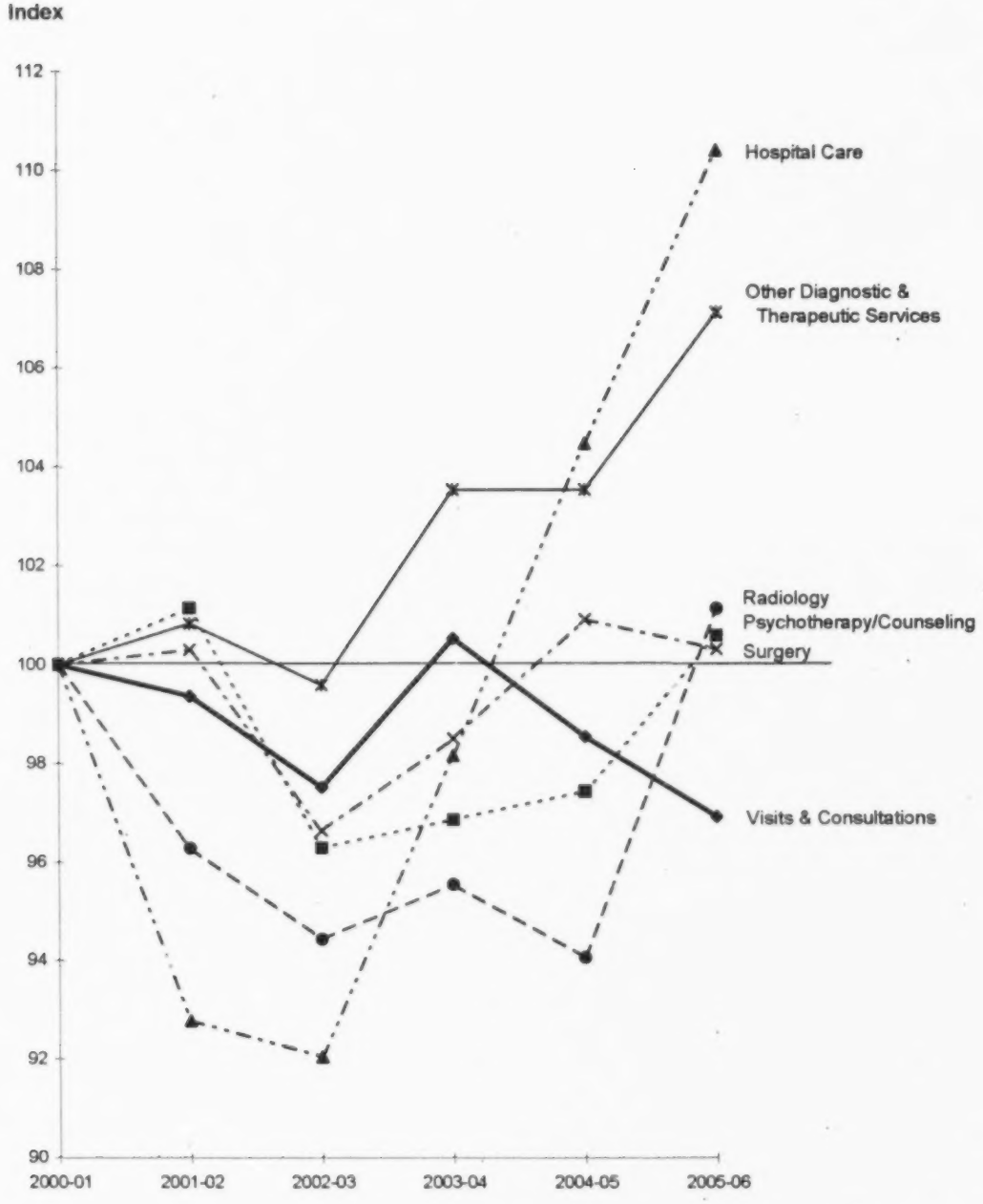

Figure 3
Per Capita Payments for Insured Services by Age and Sex of Beneficiary

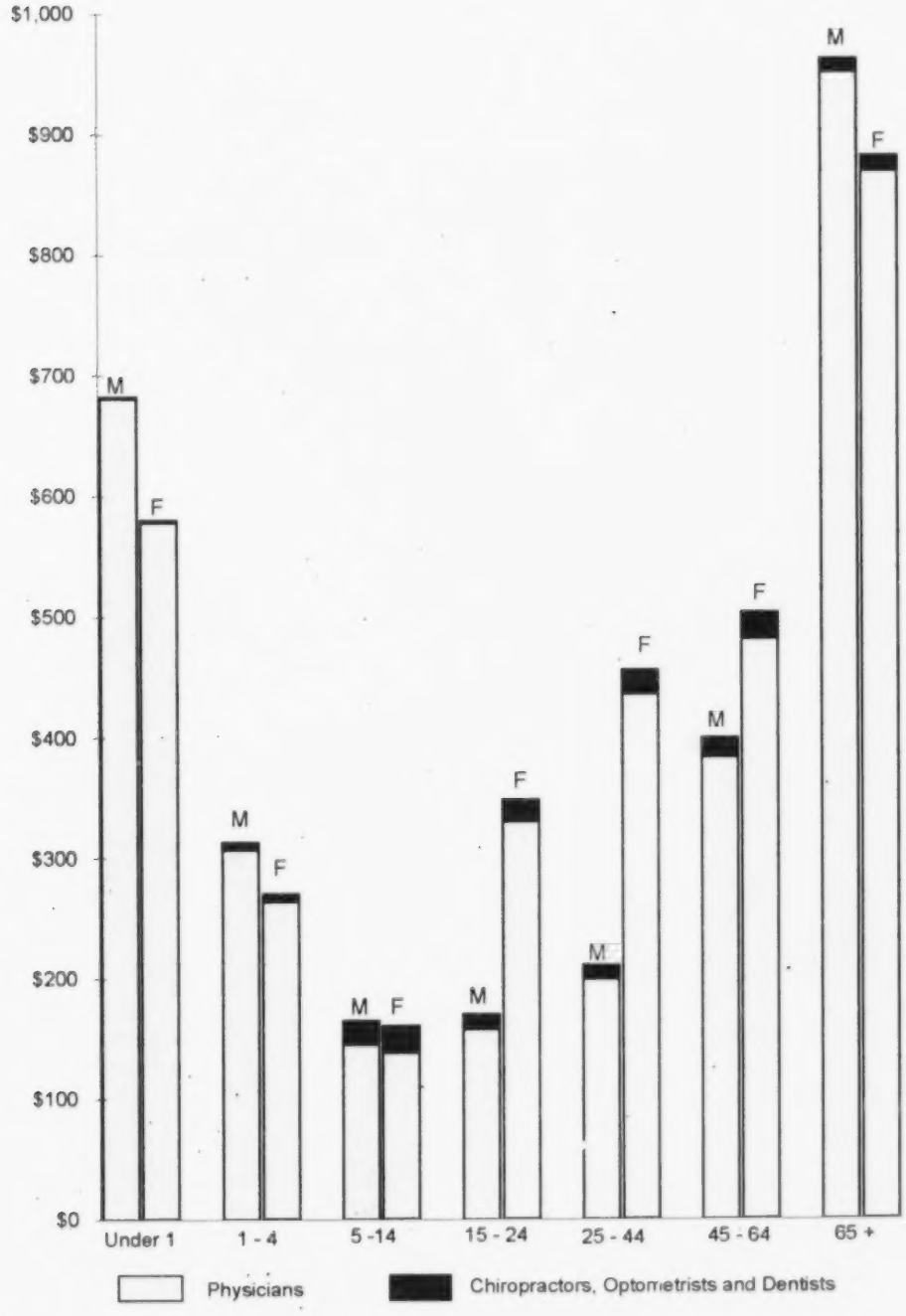

Figure 4
Map of Regional Health Authorities

1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2001-02	325,120	6.21	6.00	0.20
2002-03[3]	342,007	5.17	5.42	-0.24
2003-04[3]	360,255	7.14	4.36	2.66
2004-05	399,491	9.77	10.02	-0.23
2005-06[3]	427,561	6.70	6.66	0.04
Average Annual Per Cent Change 2001-02 to 2005-06	7.11	7.19	6.62	0.56

[1] All physician, chiropractic, optometric and dental insured services are included. Lump sum payments made to the SMA for distribution to physicians in lieu of retroactive amendments to the Payment Schedule are excluded. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

[2] Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year.
The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

[3] Payments in 2002-03 and 2003-04 exclude lump sum payments made to dentists and dental surgeons province in lieu of retroactive amendments to the Payment Schedule.
Payments in 2005-06 include lump sum retroactive payments made to optometrists.

[4] Fee schedule increases are based on theoretical values of fee and new items increases.

[5] The change in utilization may be affected by changes in data capture for physicians participating in non-fee-for-service arrangements.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2004-05		2005-06	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,005	$5,460.4	2,020	$4,963.8
Routine Assessment on Out-of-Province Claims[1]	--	1,008.0	--	1,128.5
Special MSP Studies and Professional Review Activity[2]	19	226.0	18	416.9
Third Party Liability Recoveries	--	2,986.5	--	2,251.5
Total	--	**$9,681.0**	--	**$8,760.6**

[1] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by the MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received 2004-05	Number of Claims Received 2005-06	Per Cent of Claims Received 2004-05	Per Cent of Claims Received 2005-06
Physicians	**8,125,807**	**8,220,812**	**89.67**	**89.81**
In-Province Claim Forms[1,4]	38,307	35,037	0.42	0.38
In-Province Direct Input[1,4]	7,826,030	7,873,679	86.36	86.02
Out-of-Province Reciprocal Billing[2]	259,687	309,898	2.87	3.39
Other Out-of-Province	1,783	2,198	0.02	0.02
Optometrists[3]	**112,180**	**109,576**	**1.24**	**1.20**
In-Province Claim Forms[4]	56,495	53,507	0.62	0.58
In-Province Direct Input[4]	53,083	53,499	0.59	0.58
Out-of-Province	2,602	2,570	0.03	0.03
Chiropractors[3]	**816,078**	**814,791**	**9.01**	**8.90**
In-Province Claim Forms	7,514	8,286	0.08	0.09
In-Province Direct Input	802,976	800,898	8.86	8.75
Out-of-Province	5,588	5,607	0.06	0.06
Beneficiaries	**7,872**	**8,150**	**0.09**	**0.09**
In-Province	259	610	0.00	0.01
Out-of-Province	7,613	7,540	0.08	0.08
Total	**9,061,937**	**9,153,329**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

[3] Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

[4] Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2005		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	5,951	5,697	15,676	14,116	680,931	578,517
1 - 4	24,866	23,778	8,443	7,482	307,021	264,028
5 - 14	70,465	67,366	4,815	4,720	144,651	137,983
15 - 24	80,726	76,524	4,713	10,034	157,738	330,447
25 - 44	136,302	134,137	5,799	12,279	198,967	435,867
45 - 64	124,938	122,497	10,149	13,681	383,664	481,480
65 and over	64,342	83,491	24,046	23,777	952,174	870,045
All Beneficiaries	**507,590**	**513,490**	**9,119**	**12,955**	**336,751**	**456,178**
B. Optometrists						
Under 1	5,951	5,697	6	8	253	343
1 - 4	24,866	23,778	129	135	5,420	5,648
5 - 14	70,465	67,366	413	455	17,448	19,232
15 - 24	80,726	76,524	130	176	5,507	7,401
25 - 44	136,302	134,137	15	33	539	1,224
45 - 64	124,938	122,497	28	30	765	834
65 and over	64,342	83,491	20	39	545	1,079
All Beneficiaries	**507,590**	**513,490**	**98**	**115**	**3,969**	**4,585**
C. Chiropractors						
Under 1	5,951	5,697	93	86	1,331	1,226
1 - 4	24,866	23,778	59	58	886	854
5 - 14	70,465	67,366	161	150	2,259	2,111
15 - 24	80,726	76,524	345	548	4,366	6,968
25 - 44	136,302	134,137	837	1,339	10,304	17,128
45 - 64	124,938	122,497	1,130	1,577	13,603	18,891
65 and over	64,342	83,491	763	854	9,203	10,380
All Beneficiaries	**507,590**	**513,490**	**681**	**970**	**8,349**	**12,037**
D. Dentists						
Under 1	5,951	5,697	1	1	97	61
1 - 4	24,866	23,778	2	1	74	55
5 - 14	70,465	67,366	9	15	683	1,005
15 - 24	80,726	76,524	23	40	2,408	3,652
25 - 44	136,302	134,137	12	21	1,046	1,632
45 - 64	124,938	122,497	17	28	1,488	2,186
65 and over	64,342	83,491	11	14	964	1,063
All Beneficiaries	**507,590**	**513,490**	**14**	**22**	**1,252**	**1,800**

Notes: 1) Includes out-of-province services and costs.
2) Includes optometric and chiropractic services covered by the Supplementary Health Program.
3) Includes lump sum retroactive payments made to optometrists.
4) Excludes payments for specialist and rural emergency coverage programs.
5) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2004-05 Number of Beneficiaries	2004-05 % of Beneficiaries	2004-05 % of Payments	2004-05 % of Services	2005-06 Number of Beneficiaries	2005-06 % of Beneficiaries	2005-06 % of Payments	2005-06 % of Services
A. Physicians Only								
$ 0.00[1]	147,404	14.5	--	<0.1	149,340	14.6	--	<0.1
$ 0.01 - $ 25.00	63,771	6.3	0.4	0.6	10,538	1.0	0.0	0.1
$ 25.01 - $ 50.00	69,866	6.9	0.8	1.1	88,968	8.7	0.7	1.0
$ 50.01 - $ 100.00	130,553	12.8	2.6	3.6	144,597	14.2	2.5	3.5
$100.01 - $ 250.00	237,231	23.3	10.4	13.7	239,746	23.5	9.8	12.9
$250.01 - $ 500.00	168,584	16.6	15.9	18.9	172,250	16.9	15.1	18.3
$500.01 - $1,000.00	110,064	10.8	20.4	21.6	115,654	11.3	20.0	21.4
$1,000.01-$1,500.00	40,773	4.0	13.2	12.2	44,134	4.3	13.8	12.8
$1,500.01-$2,000.00	21,338	2.1	9.7	8.4	23,057	2.3	9.8	8.4
$2,000.01-$5,000.00	24,368	2.4	18.2	14.5	28,196	2.8	19.8	15.9
Over $5,000.00	4,105	0.4	8.5	5.3	4,600	0.5	9.1	5.7
Total	1,018,057	100.0	100.0	100.0	1,021,080	100.0	100.0	100.0
B. Optometrists Only								
$ 0.00[1]	918,548	90.2	--	<0.1	923,268	90.4	--	<0.1
$ 0.01 - $ 25.00	2,240	0.2	1.0	2.0	2,349	0.2	1.1	2.2
$ 25.01 - $ 50.00	86,877	8.5	84.6	78.6	85,317	8.4	84.8	78.6
Over $50.00	10,392	1.0	14.3	19.4	10,146	1.0	14.1	19.2
Total	1,018,057	100.0	100.0	100.0	1,021,080	100.0	100.0	100.0
C. Chiropractors Only								
$ 0.00[1]	905,307	88.9	--	0.1	904,691	88.6	--	0.1
$ 0.01 - $ 25.00	26,129	2.6	4.2	3.9	26,580	2.6	4.2	3.9
$ 25.01 - $ 50.00	30,646	3.0	11.1	11.0	31,450	3.1	11.0	11.0
$ 50.01 - $ 100.00	26,114	2.6	19.3	19.8	25,400	2.5	17.6	17.9
$100.01 - $ 250.00	22,713	2.2	35.7	36.7	25,316	2.5	37.1	38.3
$250.01 - $ 500.00	5,790	0.6	19.6	19.6	6,189	0.6	19.8	19.7
Over $500.00	1,358	0.1	10.2	9.0	1,454	0.1	10.4	9.1
Total	1,018,057	100.0	100.0	100.0	1,021,080	100.0	100.0	100.0

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.
2) Includes optometric and chiropractic services covered by the Supplementary Health Program.
3) Includes lump sum retroactive payments made to optometrists.
4) Excludes payments for specialist and rural emergency coverage programs.
5) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	5,951	7,060	100.00	15.68	680.93	13.21	573.97	43.44
	F	5,697	6,868	100.00	14.12	578.52	11.71	479.88	40.98
	T	11,648	13,928	100.00	14.91	630.84	12.47	527.57	42.30
1 - 4	M	24,866	22,861	91.94	8.44	307.02	9.18	333.95	36.36
	F	23,778	21,473	90.31	7.48	264.03	8.29	292.37	35.29
	T	48,644	44,334	91.14	7.97	286.01	8.75	313.81	35.87
5 - 9	M	32,928	26,229	79.66	5.24	158.01	6.58	198.36	30.15
	F	31,617	25,154	79.56	5.02	151.95	6.31	190.99	30.27
	T	64,545	51,383	79.61	5.13	155.04	6.45	194.76	30.21
10 - 14	M	37,537	27,506	73.28	4.44	132.93	6.06	181.41	29.93
	F	35,749	26,705	74.70	4.46	125.63	5.96	168.17	28.20
	T	73,286	54,211	73.97	4.45	129.37	6.01	174.89	29.08
15 - 19	M	40,826	30,663	75.11	4.76	156.25	6.34	208.03	32.82
	F	38,701	33,318	86.09	8.13	257.93	9.44	299.60	31.74
	T	79,527	63,981	80.45	6.40	205.73	7.95	255.71	32.15
20 - 24	M	39,900	28,729	72.00	4.66	159.26	6.48	221.19	34.14
	F	37,823	35,379	93.54	11.99	404.65	12.81	432.61	33.76
	T	77,723	64,108	82.48	8.23	278.68	9.97	337.86	33.87
25 - 29	M	34,450	24,373	70.75	4.95	167.84	7.00	237.23	33.88
	F	32,992	30,381	92.09	13.71	497.95	14.88	540.75	36.33
	T	67,442	54,754	81.19	9.24	329.33	11.38	405.64	35.66
30 - 34	M	31,373	22,186	70.72	5.48	189.78	7.75	268.37	34.62
	F	30,667	27,637	90.12	13.20	483.76	14.64	536.80	36.65
	T	62,040	49,823	80.31	9.30	335.10	11.58	417.27	36.05
35 - 39	M	31,581	22,835	72.31	6.01	202.78	8.31	280.44	33.74
	F	31,534	27,394	86.87	11.44	399.25	13.17	459.58	34.89
	T	63,115	50,229	79.58	8.72	300.94	10.96	378.14	34.50
40 - 44	M	38,898	28,676	73.72	6.63	230.85	9.00	313.14	34.80
	F	38,944	33,824	86.85	11.02	375.21	12.69	432.00	34.04
	T	77,842	62,500	80.29	8.83	303.07	11.00	377.47	34.32
45 - 49	M	39,602	30,547	77.13	7.51	266.61	9.74	345.64	35.49
	F	38,926	34,423	88.43	11.77	405.84	13.31	458.93	34.49
	T	78,528	64,970	82.73	9.62	335.62	11.63	405.66	34.85
50 - 54	M	35,346	29,240	82.73	9.38	343.07	11.34	414.71	36.59
	F	34,063	31,545	92.61	13.34	457.68	14.41	494.21	34.30
	T	69,409	60,785	87.58	11.32	399.31	12.93	455.97	35.27
55 - 59	M	28,644	24,864	86.80	11.56	449.20	13.32	517.49	38.86
	F	27,983	26,396	94.33	14.72	526.27	15.61	557.91	35.75
	T	56,627	51,260	90.52	13.12	487.28	14.50	538.30	37.13
60 - 64	M	21,346	19,117	89.56	14.43	580.12	16.11	647.76	40.20
	F	21,525	20,205	93.87	16.33	597.72	17.39	636.76	36.61
	T	41,783	39,322	94.11	15.78	604.29	16.77	642.11	38.29
65 - 69	M	17,736	16,604	93.62	18.18	750.33	19.41	801.49	41.28
	F	18,638	18,008	96.62	18.96	726.10	19.62	751.50	38.30
	T	36,374	34,612	95.16	18.58	737.92	19.52	775.48	39.72
70 - 74	M	15,996	15,238	95.26	21.48	875.85	22.55	919.42	40.78
	F	17,812	17,072	95.85	20.83	795.14	21.74	829.60	38.16
	T	33,808	32,310	95.57	21.14	833.33	22.12	871.96	39.42
75 & Over	M	30,610	31,570	100.00	28.79	1109.01	27.91	1075.28	38.52
	F	47,041	48,119	100.00	26.80	955.44	26.20	934.03	35.65
	T	77,651	79,689	100.00	27.59	1015.98	26.88	989.99	36.83
Total all ages	**M**	**507,590**	**408,298**	**80.44**	**9.12**	**336.75**	**11.34**	**418.64**	**36.93**
	F	**513,490**	**463,901**	**90.34**	**12.96**	**456.18**	**14.34**	**504.94**	**35.21**
	T	**1,021,080**	**872,199**	**85.42**	**11.05**	**396.81**	**12.93**	**464.54**	**35.92**

[1] As at June 30, 2005.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs.
2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service[1]	Number of Services (000's) 2004-05	Number of Services (000's) 2005-06	Number of Services Per 1,000 Beneficiaries 2004-05	Number of Services Per 1,000 Beneficiaries 2005-06	Per Cent Change 2004-05 to 2005-06
In-Province Physician Services	**10,677.1**	**10,732.4**	**10,488**	**10,511**	**0.22**
Consultations	470.6	473.3	462	464	0.28
Major Assessments	416.2	419.3	409	411	0.46
Other Assessments	4,508.6	4,430.4	4,429	4,339	-2.03
Psychotherapy/Counseling	347.3	359.1	341	352	3.09
	5,742.7	**5,682.2**	**5,641**	**5,565**	**-1.35**
Hospital Care	**573.8**	**609.1**	**564**	**596**	**5.83**
Special Calls and Emergency	**303.8**	**282.8**	**298**	**277**	**-7.19**
Major Surgery	108.5	111.6	107	109	2.60
Minor Surgery	232.6	229.4	229	225	-1.67
Surgical Assistance	119.7	121.9	118	119	1.56
Obstetrics	22.7	22.9	22	22	0.33
Anaesthesia	587.8	583.7	577	572	-0.98
	1,071.3	**1,069.5**	**1,052**	**1,047**	**-0.46**
Diagnostic Radiology	258.0	277.9	253	272	7.41
Laboratory Services	453.2	438.9	445	430	-3.45
Other Diagnostic and Therapeutic Services	1,528.9	1,586.9	1,502	1,554	3.49
Special and Miscellaneous Services	745.6	785.1	732	769	4.99
	2,985.6	**3,088.8**	**2,933**	**3,025**	**3.15**
In-Province Dental Services	**19.4**	**18.5**	**19**	**18**	**-5.06**
In-Province Optometric Services	**108.2**	**106.2**	**106**	**104**	**-2.18**
Refractions by Optometrists	95.7	93.7	94	92	-2.39
Other Optometric Services	12.5	12.5	12	12	-0.58
In-Province Chiropractic Services	**800.8**	**822.3**	**787**	**805**	**2.38**
Chiropractic Visit Services	800.0	821.7	786	805	2.41
Chiropractic X-Ray Services	0.8	0.6	1	1	-27.84
Out-of-Province Services					
Physician Services	519.1	548.6	510	537	5.38
Dental Services	0.1	0.1	--	--	--
Optometric Services	2.5	2.5	2	2	-1.30
Chiropractic Services	21.8	21.2	21	21	-2.85
All Services	**12,149.0**	**12,251.7**	**11,933**	**11,999**	**0.55**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2004-05	Dollar Payments (000's) 2005-06	Dollar Payments Per 1,000 Beneficiaries 2004-05	Dollar Payments Per 1,000 Beneficiaries 2005-06	Per Cent Change 2004-05 to 2005-06
In-Province Physician Services	**363,604**	**390,054**	**357,155**	**382,001**	**6.96**
Consultations	39,425	43,544	38,726	42,645	10.12
Major Assessments	24,040	25,715	23,613	25,184	6.65
Other Assessments	122,871	132,240	120,692	129,510	7.31
Psychotherapy/Counseling	11,867	12,824	11,656	12,559	7.74
	198,202	**214,322**	**194,687**	**209,898**	**7.81**
Hospital Care	**12,112**	**13,266**	**11,897**	**12,992**	**9.21**
Special Calls and Emergency	**6,247**	**5,866**	**6,136**	**5,745**	**-6.37**
Major Surgery	35,438	37,442	34,809	36,669	-5.34
Minor Surgery	5,963	5,879	5,857	5,758	-1.70
Surgical Assistance	6,836	7,430	6,715	7,277	8.36
Obstetrics	6,644	7,410	6,527	7,257	11.20
Anaesthesia	21,194	22,365	20,818	21,904	5.22
	76,075	**80,527**	**74,726**	**78,864**	**5.54**
Diagnostic Radiology	10,676	11,353	10,487	11,119	6.02
Laboratory Services	1,394	1,700	1,369	1,665	21.60
Other Diagnostic and Therapeutic Services	46,159	49,849	45,340	48,820	7.67
Special and Miscellaneous Services[2]	12,739	13,170	12,513	12,898	3.08
	70,968	**76,072**	**69,709**	**74,502**	**6.87**
In-Province Dental Services	**1,443**	**1,539**	**1,417**	**1,508**	**6.38**
In-Province Optometric Services	**4,129**	**4,270**	**4,055**	**4,182**	**3.11**
Refractions by Optometrists	3,945	4,078	3,875	3,994	3.06
Other Optometric Services	184	192	180	188	4.18
In-Province Chiropractic Services	**9,607**	**10,168**	**9,436**	**9,958**	**5.53**
Chiropractic Visit Services	9,588	10,148	9,418	9,939	5.53
Chiropractic X-Ray Services	19	20	19	19	4.03
Out-of-Province Services					
Physician Services	20,315	21,159	19,955	20,723	3.85
Dental Services	43	20	42	20	-52.42
Optometric Services	100	99	99	97	-1.44
Chiropractic Services	251	251	246	246	-0.28
All Services	**399,491**	**427,561**	**392,406**	**418,734**	**6.71**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes lump sum retroactive payments made to optometrists in 2005-06.
3) Payments for services in the United States have not been adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2004-05 General Practitioners ($)	2004-05 Specialists ($)	2004-05 All Practitioners ($)	2005-06 General Practitioners ($)	2005-06 Specialists ($)	2005-06 All Practitioners ($)
In-Province Physician Services	**25.44**	**50.22**	**34.05**	**27.28**	**52.90**	**36.34**
Consultations	62.25	84.85	83.77	67.71	93.40	91.99
Major Assessments	57.02	60.09	57.76	60.18	64.89	61.32
Other Assessments	26.71	32.69	27.25	29.11	36.99	29.85
Psychotherapy/Counseling	27.98	48.00	34.17	30.17	49.72	35.71
	28.99	**58.72**	**34.51**	**31.53**	**64.54**	**37.72**
Hospital Care	**21.62**	**20.38**	**21.11**	**21.70**	**21.89**	**21.78**
Special Calls and Emergency	**20.09**	**21.73**	**20.56**	**20.44**	**21.36**	**20.74**
Major Surgery	201.30	333.11	326.64	210.02	340.91	335.39
Minor Surgery	18.59	48.01	25.63	18.54	46.96	25.63
Surgical Assistance	47.81	118.95	57.13	51.92	131.69	60.96
Obstetrics	331.06	270.55	292.46	353.62	305.93	324.15
Anaesthesia	30.58	36.74	36.06	32.73	39.09	38.31
	39.07	**87.14**	**71.01**	**41.69**	**92.67**	**75.29**
Diagnostic Radiology	--	41.39	41.39	0.00	40.85	40.85
Laboratory Services	2.95	5.30	3.08	3.75	6.12	3.87
Other Diagnostic and Therapeutic Services	10.76	35.39	30.19	11.15	37.11	31.41
Special and Miscellaneous Services[2]	8.15	12.58	8.86	8.37	12.45	9.08
	7.14	**34.17**	**21.72**	**7.70**	**35.30**	**22.67**
In-Province Dental Services	--	--	**74.22**	--	--	**83.16**
In-Province Optometric Services	--	--	**38.14**	--	--	**40.21**
Refractions by Optometrists	--	--	41.20	--	--	43.50
Other Optometric Services	--	--	14.70	--	--	15.41
In-Province Chiropractic Services	--	--	**12.00**	--	--	**12.37**
Chiropractic Visit Services	--	--	11.99	--	--	12.35
Chiropractic X-Ray Services	--	--	23.78	--	--	34.28
Out-of-Province Services						
Physician Services	34.44	42.66	39.14	33.42	42.45	38.57
Dental Services	--	--	495.15	--	--	312.67
Optometric Services	--	--	40.30	--	--	40.24
Chiropractic Services	--	--	11.51	--	--	11.81
All Services	**25.72**	**49.66**	**32.88**	**27.48**	**52.11**	**34.90**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Excludes payments for specialist and rural emergency coverage programs to avoid distortion.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes lump sum retroactive payments made to optometrists in 2005-06.
3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services 2004-05	Per Cent of Total Services 2005-06	Per Cent of Total Payments 2004-05	Per Cent of Total Payments 2005-06
In-Province Physician Services	**87.88**	**87.60**	**91.02**	**91.23**
Consultations	3.87	3.86	9.87	10.18
Major Assessments	3.43	3.42	6.02	6.01
Other Assessments	37.11	36.16	30.76	30.93
Psychotherapy/Counselling	2.86	2.93	2.97	3.00
	47.27	**46.38**	**49.61**	**50.13**
Hospital Care	**4.72**	**4.97**	**3.03**	**3.10**
Special Calls and Emergency	**2.50**	**2.31**	**1.56**	**1.37**
Major Surgery	0.89	0.91	8.87	8.76
Minor Surgery	1.91	1.87	1.49	1.37
Surgical Assistance	0.98	0.99	1.71	1.74
Obstetrics	0.19	0.19	1.66	1.73
Anaesthesia	4.84	4.76	5.31	5.23
	8.82	**8.73**	**19.04**	**18.83**
Diagnostic Radiology	2.12	2.27	2.67	2.66
Laboratory Services	3.73	3.58	0.35	0.40
Other Diagnostic and Therapeutic Services	12.58	12.95	11.55	11.66
Special and Miscellaneous Services[2]	6.14	6.41	3.19	3.08
	24.57	**25.21**	**17.76**	**17.79**
In-Province Dental Services	**0.16**	**0.15**	**0.36**	**0.36**
In-Province Optometric Services	**0.89**	**0.87**	**1.03**	**1.00**
Refractions by Optometrists	0.79	0.77	0.99	0.95
Other Optometric Services	0.10	0.10	0.05	0.04
In-Province Chiropractic Services	**6.59**	**6.71**	**2.40**	**2.38**
Chiropractic Visit Services	6.58	6.71	2.40	2.37
Chiropractic X-Ray Services	0.01	0.00	0.00	0.00
Out-of-Province Services				
Physician Services	4.27	4.48	5.09	4.95
Dental Services	0.00	0.00	0.01	0.00
Optometrist Services	0.02	0.02	0.03	0.02
Chiropractic Services	0.18	0.17	0.06	0.06
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes lump sum retroactive payments made to optometrists in 2005-06.
3) See "Data Limitations" on page 10.

Table 11
Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**7,885.2**	**93.4**	**22.5**	**264.5**	**1,094.3**	**5,490.9**	**833.6**	**58.0**	**28.0**
Specialists									
Paediatricians and Medical Geneticists	718.1	2.7	2.0	17.2	37.7	619.5	19.5	19.5	0.1
Internists and Physiatrists	1,698.3	5.6	5.4	79.3	170.8	1,149.9	133.1	150.4	3.9
Neurologists	144.9	0.5	1.5	7.9	19.6	91.5	13.4	10.4	0.2
Psychiatrists	566.8	2.1	12.9	34.6	25.3	441.9	47.4	2.6	0.0
Dermatologists	120.3	2.1	0.6	3.7	2.5	105.6	4.2	1.6	0.0
Anaesthetists	1,764.3	6.5	8.5	86.2	111.6	1,386.8	118.3	44.7	1.7
General and Thoracic Surgeons	1,891.2	7.8	5.0	36.8	137.7	1,549.1	89.1	64.4	1.2
Orthopaedic Surgeons	719.6	6.2	6.6	50.0	94.3	460.9	58.1	42.7	0.9
Plastic and Reconstructive Surgeons	277.6	1.2	0.7	17.5	13.5	228.3	10.9	5.5	0.0
Neurological Surgeons	182.8	0.2	3.0	39.5	36.1	71.3	7.3	25.3	0.0
Obstetricians and Gynaecologists	854.9	5.6	0.8	26.7	39.8	753.0	27.1	1.3	0.6
Urological Surgeons	164.4	1.6	0.4	19.6	20.9	99.4	20.2	2.0	0.3
Ophthalmologists	397.0	3.0	0.4	15.6	27.9	307.2	31.0	11.9	0.1
Otolaryngologists	340.8	0.8	0.5	15.2	8.7	251.1	19.4	44.7	0.3
Pathologists	2,222.1	1.0	0.0	57.3	19.9	2,022.9	97.0	23.4	0.6
Diagnostic Radiologists	1,289.8	2.1	0.7	46.9	86.0	970.5	33.8	148.8	1.0
All Physicians	**21,237.8**	**142.3**	**71.6**	**818.3**	**1,946.6**	**15,999.8**	**1,563.3**	**657.1**	**38.8**
Dentists	20.3	1.1	0.0	0.0	13.0	5.9	0.0	0.4	0.0
Optometrists	99.3	0.0	0.0	0.0	14.0	84.8	0.3	0.2	0.0
Chiropractors	250.8	0.0	0.0	2.0	80.1	160.9	5.1	2.1	0.5

Notes 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

		Home Province or Territory of Beneficiary										
Type of Practitioner	All Locations	New-found-land	PEI	Nova Scotia	New Bruns-wick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**2,870.5**	**23.4**	**6.4**	**35.3**	**21.1**	**269.9**	**826.4**	**1,164.5**	**475.9**	**26.1**	**12.8**	**8.7**
Specialists												
Paediatricians and Medical Geneticists	169.3	0.4	0.0	0.6	0.3	13.9	43.1	91.7	15.2	1.4	0.3	2.4
Internists and Physiatrists	434.5	3.9	1.0	3.8	3.1	27.2	132.6	180.8	73.8	1.1	2.3	4.9
Neurologists	39.6	0.0	0.0	0.2	0.7	2.1	13.3	17.4	5.1	0.6	0.0	0.1
Cardiologists	134.8	1.6	0.0	0.7	0.2	10.0	51.6	41.6	23.7	0.0	3.8	1.5
Psychiatrists	87.2	1.7	0.2	1.1	0.3	14.7	10.9	30.8	21.2	3.3	0.9	2.0
Dermatologists	17.9	0.1	0.0	0.3	0.1	1.1	8.2	6.7	1.1	0.2	0.0	0.2
Anaesthetists	366.1	2.0	0.3	1.1	2.3	16.5	137.1	161.3	39.1	2.0	1.4	3.0
General Surgeons	359.9	1.5	0.4	2.2	2.6	14.7	150.8	144.5	34.0	2.2	2.9	4.0
Cardiac Surgeons	73.1	0.0	0.0	0.0	0.0	0.2	36.9	11.6	20.8	0.0	0.0	3.5
Orthopaedic Surgeons	187.0	0.2	0.0	1.1	1.1	7.4	69.4	85.7	21.7	0.2	0.2	0.1
Plastic and Reconstructive Surgeons	73.5	0.1	0.3	0.0	1.9	2.4	21.4	41.1	6.2	0.0	0.1	0.0
Neurological Surgeons	52.6	0.0	0.2	0.0	0.1	5.6	18.7	21.9	6.0	0.1	0.0	0.0
Obstetricians and Gynaecologists	443.8	1.4	0.2	0.9	1.2	16.8	306.8	86.2	22.7	4.0	1.4	2.2
Urological Surgeons	64.1	0.2	0.0	0.2	0.9	6.6	22.0	22.4	11.8	0.1	0.0	0.0
Ophthalmologists	481.8	0.2	0.0	0.9	1.0	6.0	420.2	40.1	11.9	0.4	0.4	0.7
Otolaryngologists	175.5	0.5	0.1	0.7	0.1	2.8	49.6	114.6	5.5	1.3	0.1	0.2
Pathologists	260.2	0.8	0.8	3.1	1.7	35.2	34.1	129.6	45.8	4.5	2.1	2.5
Diagnostic Radiologists	450.5	2.0	0.4	4.2	2.1	20.5	58.7	321.8	32.0	3.4	1.7	3.7
All Physicians	**6,742.0**	**39.9**	**10.2**	**56.6**	**40.8**	**473.6**	**2,411.9**	**2,714.5**	**873.6**	**50.7**	**30.5**	**39.8**

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments ($000's) for Out-of-Province Hospital Services
By Location and Type of Care

		Location of Services							
	All Locations	Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Bone Marrow/Stem Cell Transplant	**1,893.7**	0.0	0.0	99.8	1,481.2	232.2	80.4	0.0	0.0
Intermediate/Complex Cardiovascular Paediatric	**1,869.3**	0.0	0.0	0.0	0.0	1,869.3	0.0	0.0	0.0
Special Out-of-Country	**1,330.3**	0.0	0.0	0.0	0.0	0.0	0.0	1,318.3	12.0
Defibrillator Pacemaker Implantation	**1,157.5**	0.0	0.0	13.3	0.0	1,144.1	0.0	0.0	0.0
Cardiac Surgery with or without Valve Replacement	**1,146.9**	0.0	0.0	74.4	0.0	982.8	89.7	0.0	0.0
Liver Transplant	**878.7**	0.0	0.0	0.0	0.0	878.7	0.0	0.0	0.0
Cochlear Implant	**679.9**	0.0	0.0	0.0	0.0	44.5	15.4	620.0	0.0
Heart Transplant	**567.6**	0.0	0.0	0.0	0.0	567.6	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s)	**487.9**	9.2	0.0	16.1	0.0	444.8	17.7	0.0	0.0
Lung Transplant	**366.1**	0.0	0.0	0.0	0.0	366.1	0.0	0.0	0.0
Other Pacemaker Insertion or Replacement	**242.3**	0.0	0.0	57.1	42.5	134.2	8.4	0.0	0.0
Kidney Transplant	**55.5**	0.0	0.0	0.0	0.0	55.5	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**456.8**	9.3	0.0	10.1	85.2	328.4	19.7	0.6	3.5
II. Neoplasms	**2,528.4**	0.6	15.6	394.4	337.4	1,640.6	139.2	0.6	0.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**793.6**	0.0	1.4	41.7	226.1	498.1	25.9	0.5	0.0
IV. Diseases of Blood & Blood-Forming Organs	**175.4**	1.3	6.1	12.3	60.6	91.1	4.1	0.0	0.0
V. Mental Disorders	**1,818.6**	51.6	52.0	120.7	518.3	841.4	234.1	0.5	0.0
VI. Diseases of the Nervous System & Sense Organs	**862.7**	0.0	20.5	89.6	55.5	626.8	68.6	0.0	1.7
VII. Diseases of the Circulatory System	**2,799.0**	59.8	3.2	254.8	189.5	2,022.8	246.5	16.3	6.1
VIII. Diseases of the Respiratory System	**1,663.5**	53.4	0.0	76.0	109.2	1,272.0	142.7	4.4	5.8
IX. Diseases of the Digestive System	**2,333.1**	18.7	10.7	70.4	213.6	1,873.7	133.8	7.0	5.4
X. Diseases of the Genitourinary System	**893.9**	4.3	0.9	23.2	151.8	635.9	76.3	1.3	0.3
XI. Complications of Pregnancy, Childbirth & the Puerperium	**900.6**	8.3	5.4	48.4	121.3	680.4	36.5	0.0	0.4
XII. Diseases of the Skin & Subcutaneous Tissue	**274.3**	1.8	0.0	12.6	154.7	85.8	19.0	0.3	0.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,200.8**	10.2	11.2	106.9	155.0	870.1	47.2	0.3	0.0
XIV. Congenital Anomalies	**964.8**	0.0	14.9	182.9	13.2	747.7	-3.9	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period	**774.6**	0.0	0.0	5.9	86.2	533.2	149.1	0.0	0.1
XVI. Symptoms, Signs, & Ill-defined Conditions	**952.3**	10.6	0.0	77.7	74.3	744.2	34.2	4.7	6.8
XVII. Injury and Poisoning	**3,783.9**	21.1	20.2	103.0	239.7	3,153.4	229.9	8.0	8.5
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**1,852.5**	38.1	0.0	46.4	402.3	1,390.8	-25.1	0.0	0.0
Outpatient Treatment									
Standard Outpatient Visit	**6,708.7**	149.3	66.0	304.6	886.7	4,466.5	790.6	33.8	11.1
Day Care Surgery	**924.5**	4.7	3.1	32.8	238.3	593.5	51.6	0.5	0.0
Haemodialysis	**87.8**	0.0	0.0	18.1	44.2	20.4	3.7	0.6	0.9
Computerized Axial Tomography	**438.4**	2.8	5.3	19.9	71.3	299.8	39.3	0.1	0.0
Magnetic Resonance Imaging (MRI)	**234.8**	4.2	2.8	19.5	51.7	139.4	17.0	0.1	0.0
Cancer Chemotherapy Visit	**324.4**	0.0	0.0	1.2	31.0	261.6	30.6	0.0	0.0
Special Out-of-Country	**1,439.3**	0.0	0.0	0.0	0.0	0.0	0.0	1,439.3	0.0
Other Outpatient Treatment	**2,372.9**	4.9	3.1	65.2	560.2	1,175.7	563.5	0.0	0.2
Total	**48,235.2**	**463.9**	**242.4**	**2,409.0**	**6,600.8**	**31,713.4**	**3,285.8**	**3,457.2**	**62.7**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.
3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.
4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.
5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures – Cases									
Bone Marrow/Stem Cell Transplant	**12**	0	0	1	8	2	1	0	0
Intermediate/Complex Cardiovascular Paediatric	**39**	0	0	0	0	39	0	0	0
Special Out-of-Country	**24**	0	0	0	0	0	0	23	1
Defibrillator Pacemaker Implantation	**38**	0	0	1	0	37	0	0	0
Cardiac Surgery with or without Valve Replacement	**71**	0	0	6	0	51	14	0	0
Liver Transplant	**10**	0	0	0	0	10	0	0	0
Cochlear Implant	**14**	0	0	0	0	13	1	0	0
Heart Transplant	**7**	0	0	0	0	7	0	0	0
Cardiac Catheterization with or without Stent(s)	**54**	2	0	2	0	47	3	0	0
Lung Transplant	**3**	0	0	0	0	3	0	0	0
Other Pacemaker Insertion or Replacement	**12**	0	0	1	2	8	1	0	0
Kidney Transplant	**2**	0	0	0	0	2	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases									
I Infectious & Parasitic Diseases	**65**	3	0	4	7	31	6	2	12
II Neoplasms	**248**	1	1	23	42	157	22	2	0
III Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**100**	0	1	5	21	64	6	3	0
IV Diseases of Blood & Blood-Forming Organs	**30**	1	2	2	5	16	4	0	0
V Mental Disorders	**200**	4	2	13	39	107	33	2	0
VI Diseases of the Nervous System & Sense Organs	**138**	0	3	9	12	99	12	0	3
VII Diseases of the Circulatory System	**431**	3	1	24	41	259	49	44	10
VIII Diseases of the Respiratory System	**404**	7	0	21	46	269	35	12	14
IX Diseases of the Digestive System	**530**	9	3	25	72	347	35	20	19
X Diseases of the Genitourinary System	**223**	2	1	7	45	140	21	4	3
XI Complications of Pregnancy, Childbirth & the Puerperium	**355**	4	1	18	54	258	19	0	1
XII Diseases of the Skin & Subcutaneous Tissue	**43**	1	0	1	13	22	5	1	0
XIII Diseases of the Musculoskeletal System & Connective Tissue	**214**	1	1	9	42	148	12	1	0
XIV Congenital Anomalies	**75**	0	3	13	7	50	2	0	0
XV Certain Conditions Originating in the Perinatal Period	**72**	0	1	1	12	48	9	0	1
XVI Symptoms, Signs, & Ill-defined Conditions	**282**	5	0	13	30	176	24	20	14
XVII Injury and Poisoning	**530**	6	3	19	58	355	53	20	16
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**588**	5	0	10	66	473	34	0	0
Outpatient Treatment – Services									
Standard Outpatient Visit	**44,647**	986	432	1,982	5,838	29,124	5,321	692	272
Day Care Surgery	**1,771**	11	6	65	482	1,102	100	5	0
Haemodialysis	**297**	0	0	55	142	61	11	11	17
Computerized Axial Tomography	**1,484**	9	19	66	258	989	142	1	0
Magnetic Resonance Imaging (MRI)	**348**	6	4	28	76	206	26	2	0
Cancer Chemotherapy Visit	**365**	0	0	4	50	275	36	0	0
Special Out-of-Country	**193**	0	0	0	0	0	0	193	0
Other Outpatient Treatment	**7,156**	95	84	156	2,655	3,432	733	0	1
Total	**61,075**	**1,161**	**568**	**2,584**	**10,123**	**38,427**	**6,770**	**1,058**	**384**

Notes 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	333.2	46.6	0.0	40.2	78.5	80.2	87.7
Pacemaker Insertion or Replacement	158.7	0.0	0.0	0.0	124.9	20.3	13.6
Cardiac Surgery with or without Valve Replacement	140.8	0.0	0.0	15.0	20.1	27.9	77.8
Bone Marrow/Stem Cell Transplant	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Kidney Transplant	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	323.2	0.0	0.0	14.1	55.2	143.2	110.7
II. Neoplasms	784.6	188.1	0.0	35.5	345.7	130.8	84.5
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	244.2	21.8	0.0	48.5	56.1	94.3	23.5
IV. Diseases of Blood and Blood-Forming Organs	86.4	0.0	0.0	0.8	58.7	25.0	1.9
V. Mental Disorders	1,706.4	-14.1	29.4	266.1	200.4	925.8	298.7
VI. Diseases of the Nervous System & Sense Organs	293.5	13.8	0.9	1.9	78.1	168.3	30.5
VII. Diseases of the Circulatory System	1,256.1	41.9	5.1	103.2	493.9	401.5	210.5
VIII. Diseases of the Respiratory System	729.7	49.8	1.7	54.0	251.5	227.0	145.7
IX. Diseases of the Digestive System	1,183.5	35.0	24.4	70.4	545.5	321.4	186.7
X. Diseases of the Genitourinary System	460.0	56.3	21.0	58.1	142.4	111.1	71.2
XI. Complications of Pregnancy, Childbirth & the Puerperium	671.8	17.1	0.0	35.3	321.9	227.1	70.5
XII. Diseases of the Skin and Subcutaneous Tissue	122.8	0.8	0.0	2.1	76.3	28.5	15.0
XIII. Diseases of the Musculoskeletal System & Connective Tissue	381.8	0.0	0.0	16.3	198.0	122.9	44.5
XIV. Congenital Anomalies	17.9	0.0	0.0	5.1	6.7	6.1	0.0
XV. Certain Conditions Originating in the Perinatal Period	229.6	0.0	0.0	0.0	38.4	152.0	39.2
XVI. Symptoms, Signs, and Ill-defined Conditions	342.8	19.9	0.0	36.7	108.7	128.7	48.8
XVII. Injury and Poisoning	1,386.4	25.0	79.8	88.3	359.6	615.9	217.8
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	472.3	3.7	5.3	54.2	218.1	156.1	34.8
Outpatient Treatment							
Standard Outpatient Visit	3,459.4	163.0	34.6	269.7	1,121.0	1,355.2	516.0
Day Care Surgery	751.9	15.0	1.9	15.3	494.9	193.2	31.6
Haemodialysis	86.6	0.7	0.0	13.6	10.8	32.7	28.8
Computerized Axial Tomography	86.5	2.8	1.5	5.3	36.0	27.7	13.4
Magnetic Resonance Imaging (MRI)	47.2	2.1	0.0	3.5	16.2	21.1	4.2
Cancer Chemotherapy Visit	85.9	0.0	0.0	0.7	67.3	15.1	2.7
Other Outpatient Treatment	85.5	2.0	0.1	3.6	42.3	32.3	5.3
Total	**15,928.6**	**691.2**	**205.6**	**1,257.7**	**5,567.2**	**5,791.3**	**2,415.6**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b
Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment – High Cost Procedures – Cases							
Cardiac Catheterization with or without Stent(s)	28	3	0	3	8	8	6
Pacemaker Insertion or Replacement	9	0	0	0	5	2	2
Cardiac Surgery with or without Valve Replacement	9	0	0	1	3	1	4
Bone Marrow/Stem Cell Transplant	0	0	0	0	0	0	0
Kidney Transplant	0	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis – Cases							
I. Infectious & Parasitic Diseases	52	0	0	3	22	14	13
II. Neoplasms	91	1	0	8	43	29	10
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	43	1	0	6	13	17	6
IV. Diseases of Blood and Blood-Forming Organs	13	0	0	1	6	5	1
V. Mental Disorders	195	9	4	28	25	100	29
VI. Diseases of the Nervous System & Sense Organs	65	2	1	2	31	24	5
VII. Diseases of the Circulatory System	223	8	2	14	87	80	32
VIII. Diseases of the Respiratory System	230	9	1	19	63	102	36
IX. Diseases of the Digestive System	312	16	4	20	117	108	47
X. Diseases of the Genitourinary System	123	6	5	4	53	42	13
XI. Complications of Pregnancy, Childbirth & the Puerperium	252	7	0	15	134	73	23
XII. Diseases of the Skin and Subcutaneous Tissue	29	1	0	2	10	11	5
XIII. Diseases of the Musculoskeletal System & Connective Tissue	70	0	0	4	34	23	9
XIV. Congenital Anomalies	7	0	0	1	3	3	0
XV. Certain Conditions Originating in the Perinatal Period	44	0	0	0	22	17	5
XVI. Symptoms, Signs, and Ill-defined Conditions	164	9	0	17	51	59	28
XVII. Injury and Poisoning	272	10	5	22	78	113	44
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	247	4	3	16	157	48	19
Outpatient Treatment – Services							
Standard Outpatient Visit	22,119	1,049	227	1,727	7,153	8,679	3,284
Day Care Surgery	1,278	24	3	27	837	332	55
Haemodialysis	260	2	0	40	33	97	88
Computerized Axial Tomography	282	9	5	17	117	90	44
Magnetic Resonance Imaging (MRI)	67	3	0	5	23	30	6
Cancer Chemotherapy Visit	100	0	0	1	81	15	3
Other Outpatient Treatment	1,239	54	2	98	343	603	139
Total	**27,823**	**1,227**	**262**	**2,101**	**9,552**	**10,725**	**3,956**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Inpatient MRIs are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	26.0	28.6	97.8	23.1	19.1	7.3	16.3	59.1	3.0
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments	318.0	17.4	19.6	1.3	1.9	5.1	1.8	4.7	0.0
Other Assessments	4,015.1	35.7	70.2	3.8	6.7	14.3	13.2	45.0	1.5
Hospital Care Days	350.8	29.2	151.8	8.1	24.9	10.4	0.0	23.4	0.2
Special Calls and Emergency									
Surcharges	187.5	6.8	19.6	2.8	2.0	1.2	0.4	13.4	0.3
Premiums	2.9	0.2	1.3	0.0	0.2	0.0	0.0	0.1	0.0
Psychotherapy/Counseling									
Base Time[2]	159.9	0.4	0.5	0.3	0.0	57.7	0.0	0.0	0.0
Additional Time	97.4	0.3	0.3	0.0	0.0	38.0	0.0	0.0	0.0
Major Surgery	4.7	0.0	0.2	0.3	0.0	0.0	0.1	17.1	8.3
Minor Surgery	172.3	0.4	0.3	0.0	0.1	0.0	22.9	8.3	0.1
Surgical Assistance	108.1	0.0	0.0	0.0	0.0	0.0	0.0	5.3	1.1
Obstetrics	8.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative	65.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	5.5	0.0	0.3	0.1	0.0	0.0	0.0	0.1	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services	415.9	0.2	0.3	0.0	0.0	0.0	0.2	0.0	0.0
Diagnostic Ultrasound	2.1	2.8	14.6	0.0	25.9	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services	346.1	142.7	345.4	11.2	98.4	8.0	16.4	44.9	0.3
Special Services	156.1	0.1	0.1	0.0	0.0	0.0	1.3	15.9	0.0
Miscellaneous Services[3]	492.4	9.3	20.4	3.3	4.1	6.4	1.5	14.3	0.9
Total Services	**6,934.9**	**274.0**	**743.0**	**54.3**	**183.3**	**148.4**	**74.0**	**251.5**	**15.7**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for SSCN prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15
(Continued)

Type of Physician									
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Obstetri-cians and Gynaeco-logists	Urological Surgeons	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathologists and Diagnostic Radiologists	Total Services
37.1	16.3	8.2	41.5	15.0	36.9	26.9	11.1	0.3	473.3
0.0	0.0	0.0	0.0	0.0	1.3	0.0	0.0	0.0	1.3
1.2	0.1	0.1	7.8	3.7	26.7	8.3	0.0	0.1	418.0
41.5	11.7	2.8	59.2	7.2	74.5	26.1	1.8	0.0	4,430.4
1.5	0.3	2.1	4.3	1.2	0.2	0.6	0.0	0.0	609.0
5.0	1.1	1.2	9.4	0.7	1.4	1.1	14.9	0.2	268.8
0.0	0.0	0.0	0.0	0.0	0.0	0.0	9.2	0.0	14.0
0.0	0.0	0.0	2.3	0.0	0.0	0.0	0.0	0.0	221.2
0.0	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	137.9
17.2	7.5	2.7	6.7	5.2	33.2	8.5	0.0	0.0	111.6
1.6	7.7	0.0	1.8	1.1	8.4	4.4	0.0	0.0	229.4
2.8	0.9	0.4	2.0	1.1	0.0	0.2	0.0	0.0	121.9
0.0	0.0	0.0	14.1	0.0	0.0	0.0	0.0	0.0	22.9
0.0	0.0	0.0	0.0	0.0	0.0	0.0	485.1	0.0	550.4
0.2	0.0	0.1	0.1	0.0	0.0	0.0	26.9	0.1	33.3
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	277.9	277.9
0.0	0.0	0.0	21.1	1.1	0.0	0.0	0.0	0.0	438.9
0.0	0.0	0.0	15.3	0.8	11.3	0.0	0.2	103.4	176.5
11.3	2.6	0.3	20.0	11.2	212.7	104.1	11.7	23.1	1,410.4
0.0	0.4	0.0	18.1	0.0	0.0	0.0	0.0	0.0	192.0
9.2	1.6	1.9	14.6	5.1	6.2	1.4	0.1	0.4	593.1
128.6	50.2	19.9	240.2	53.3	412.7	181.7	561.1	405.6	10,732.4

Table 16
Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2004-05 to 2005-06
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	394,903	161.36	8,257.71	386.75	2.69
Allergy Investigations and Hyposensitization Injections	303,817	10.37	579.44	297.54	2.11
Submission of Papanicolau Smear	123,182	220.52 [f]	2,620.07 [f]	239.89 [f]	-3.77
Artificial Extra Corporeal Haemodialysis	73,251	0.84	3,183.78	71.74	1.98
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	29,426	23.58	1,407.19	28.82	-0.66
Plantar Wart Excision or Fulguration	29,345	13.44	485.96	28.74	0.63
Suturing of Wounds	20,908	19.23	1,245.58	20.48	-9.77
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee	19,329	11.88	303.20	18.93	2.80
Cataract Extraction	11,714	8.32	5,285.06	11.47	5.93
Delivery - Vaginal	8,645	16.65 [f]	9,497.45 [f]	16.84 [f]	-0.35
- Caesarean	2,328	4.52 [f]	2,799.63 [f]	4.53 [f]	7.08
Cystoscopy	9,659	7.84	792.69	9.46	-4.85
Psychological Testing	7,066	3.52	263.38	6.92	32.23
Fractures, Open Surgical or Closed Reduction	5,655	4.80	1,850.70	5.54	-0.14
Sigmoidoscopy	5,199	4.60	269.48	5.09	0.15
Cardiac Catheterization	4,624	3.72	522.62	4.53	-2.74
Electroencephalograms or Echoencephalograms	4,159	3.51	103.28	4.07	3.18
Hernia Repair	3,992	3.44	1,431.36	3.91	1.20
Arthroplasty - Total Hip Replacement	1,247	1.08	917.22	1.22	8.11
- Total Knee Replacement	1,551	1.32	1,098.78	1.52	3.93
Gall Bladder or Other Biliary Tract Surgery	2,629	2.54	1,421.60	2.57	4.97
Vasectomy	1,898	3.73 [m]	806.57 [m]	3.74 [m]	0.76
Therapeutic Abortion	1,647	3.14 [f]	472.93 [f]	3.21 [f]	-5.36
Tonsillectomy (With or Without Adenoidectomy)	1,621	1.59	395.90	1.59	25.77
Tubal Ligation	1,511	2.93 [f]	578.38 [f]	2.94 [f]	-5.44
Hysterectomy - Abdominal	949	1.84 [f]	787.63 [f]	1.85 [f]	-11.60
- Vaginal	510	0.99 [f]	462.83 [f]	0.99 [f]	12.12
Dilatation and Curettage	1,273	2.40 [f]	358.28 [f]	2.48 [f]	-3.08
Varicose Veins (Ligation)	1,217	0.57	218.03	1.19	-7.87
Genital Prolapse Repair	946	1.55 [f]	546.89 [f]	1.84 [f]	-1.13
Appendectomy	940	0.92	369.32	0.92	0.78
Septoplasty or Submucous Resection	904	0.88	277.26	0.89	5.29
Electroconvulsive Therapy	899	0.16	43.61	0.88	6.58
Coronary By-Pass	892	0.87	2,385.82	0.87	-2.48
Prostatectomy (With or Without Vasectomy)	842	1.64 [m]	1,370.59 [m]	1.66 [m]	3.02
Spinal Disc Excision	754	0.71	581.09	0.74	-5.79
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	516	0.97 [f]	335.67 [f]	1.00 [f]	0.79
Peptic Ulcer Surgery	142	0.13	93.96	0.14	13.26
Strabismus Operation	141	0.12	58.32	0.14	-8.12

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10.

Table 17
Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis	V70	453	201.3	13,748	444
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	414	227.6	11,493	405
Hypertension	401 - 405	367	125.8	10,360	359
Diseases Affecting Genitourinary Tract	580 - 599, 788	316	77.5	11,168	309
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	217	87.6	8,389	213
Ischaemic Heart Disease	410 - 414	197	30.7	12,246	193
Diabetes Mellitus	250	192	43.6	5,353	188
Arthritis	710 - 716	164	56.9	6,699	160
Rheumatic Disease	725 - 729	164	87.2	5,579	161
Psychoses	295 - 299	150	17.2	5,482	147
Asthma	493	147	42.2	3,100	144
Otitis Media	381 & 382	137	60.7	3,965	134
Bronchitis	466, 490 & 491	134	81.0	3,736	131
Neuroses	300	131	56.5	3,887	129
Cataract	366	115	20.3	7,726	113
Eczema	690 - 692	114	58.2	2,741	111
Symptomatic Heart Disease	428 & 429	112	21.9	3,859	110
Vertebrogenic Pain Syndrome	724	110	50.5	3,912	108
Cardiac Disrhythmias	427	105	20.9	3,367	103
Glaucoma	365	97	18.6	2,555	95
Pneumonia	480 - 486	84	21.4	2,638	82
Hay Fever	477	68	9.3	579	67
Disorders of Menstruation	Z08[2] & 626	66	52.7 [f]	4,176 [f]	129 [f]
Diarrheal Disease	009	65	33.6	2,223	64
Cerebrovascular Disease	430 - 438	63	9.1	2,269	61
Cellulitis and Abscess	681 & 682	62	26.8	1,853	61
Anaemias	280 - 285	54	17.8	1,741	52
Chronic Airways Obstruction	496	52	10.6	1,646	51
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	51	43.0 [f]	2,726 [f]	99 [f]
Myxedema	244	41	22.4	1,035	40
Gastritis and Duodenitis	535	31	18.6	918	30
Migraine	346	27	13.0	803	27
Varicose Veins of Lower Extremity	454	26	4.8	781	26
Alzheimer's Disease and Other Cerebral Degenerations	331	25	2.8	701	25
Menopausal Symptoms	627	22	23.4 [f]	1,187 [f]	43 [f]
Disorders of Functions of Stomach	536 & 537	20	11.9	646	19
Hyperkinetic Syndrome of Childhood (ADHD)	314	18	4.6	683	18
Influenza	487	14	11.6	360	14
Obesity	278	13	6.9	547	13
Multiple Sclerosis	340	13	2.1	437	12
Epilepsy	345	12	4.1	385	12
Alcoholic Psychosis and Alcoholism	291 & 303	12	3.7	372	12
Ulcers of Duodenum and Stomach	531 - 534	9	4.9	325	9

[1] Ninth Revision International Classification of Diseases, 1977.

[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

[f] Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.

2) See "Data Limitations" on page 10.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2000-01[1]	352		154		229	
		15.6		23.4		19.2
Still Practising in 2001-02[2]	297		118		185	
Practising in 2001-02[1]	329		142		235	
		10.3		9.2		14.9
Still Practising in 2002-03[2]	295		129		200	
Practising in 2002-03[1]	337		145		233	
		11.0		11.7		18.5
Still Practising in 2003-04[2]	300		128		190	
Practising in 2003-04[1]	341		140		234	
		7.6		8.6		19.2
Still Practising in 2004-05[2]	315		128		189	
Practising in 2004-05[1]	356		146		230	
		9.3		6.8		19.1
Still Practising in 2005-06[2]	323		136		186	
Practising in 2005-06[1]	370		150		231	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2000-01[1]	735		440		1,175	
		18.4		2.0		12.3
Still Practising in 2001-02[2]	600		431		1,031	
Practising in 2001-02[1]	706		497		1,203	
		11.6		10.9		11.3
Still Practising in 2002-03[2]	624		443		1,067	
Practising in 2002-03[1]	715		496		1,211	
		13.6		7.9		11.2
Still Practising in 2003-04[2]	618		457		1,075	
Practising in 2003-04[1]	715		500		1,215	
		11.6		10.2		11.0
Still Practising in 2004-05[2]	632		449		1,081	
Practising in 2004-05[1]	732		513		1,245	
		11.9		9.0		10.7
Still Practising in 2005-06[2]	645		467		1,112	
Practising in 2005-06[1]	751		521		1,272	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2005-06 was 160, the difference between "Practising" (1,272) and "Still Practising" (1,112).

2) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06
General Practitioner[4]	**741**	**767**	**1.4**	**1.3**	**2.6**	**2.5**	**6.7**	**6.2**	**81.6**	**81.3**
Specialists[4]										
Paediatricians and Medical Geneticists	39	37	26.1	27.6	1.3	1.3	2.7	2.7	3.8	3.8
Internists and Physiatrists	100	101	10.2	10.1	1.9	1.9	4.2	4.2	12.7	13.0
Neurologists	15	12	67.9	85.1	2.1	2.0	2.9	2.7	2.6	2.4
Cardiologists	14	14	72.7	72.9	3.8	4.4	4.4	4.7	3.9	4.2
Psychiatrists	31	35	32.8	29.2	0.5	0.5	2.7	2.3	1.5	1.4
Dermatologists	5	5	203.6	204.2	4.1	4.0	7.8	7.3	2.0	1.9
Anaesthetists	80	78	12.7	13.1	1.0	1.0	1.3	1.1	5.9	5.6
General Surgeons	56	57	18.2	17.9	1.2	1.3	2.8	2.7	6.1	6.3
Cardiac Surgeons	7	7	145.4	145.9	0.6	0.6	1.0	1.0	0.3	0.3
Orthopaedic Surgeons	28	32	36.4	31.9	1.5	1.4	3.0	2.8	3.9	4.0
Plastic and Reconstructive Surgeons	12	12	84.8	85.1	1.5	1.5	2.8	2.8	1.8	1.7
Neurological Surgeons	8	7	127.3	145.9	1.0	1.1	2.1	2.0	0.8	0.8
Obstetricians and Gynaecologists	40	39	25.5	26.2	1.5	1.5	3.4	3.3	4.5	4.4
Urological Surgeons	11	13	92.6	78.5	1.9	1.7	3.3	2.8	2.0	1.9
Ophthalmologists	26	24	39.2	42.5	3.0	3.2	6.5	6.8	7.2	7.2
Otolaryngologists	12	13	84.8	78.5	3.2	2.9	5.9	5.5	3.6	3.6
Pathologists and Diagnostic Radiologists	40	48	25.5	21.3	5.7	5.2	0.3	0.2	18.3	18.8
All Specialists[4]	**524**	**534**	**1.9**	**1.9**	**1.9**	**1.9**	**3.0**	**2.9**	**42.9**	**43.1**
All Physicians[4]	**1,265**	**1,301**	**0.8**	**0.8**	**2.3**	**2.3**	**5.1**	**4.8**	**83.5**	**83.2**
Licensed Physicians[5]	1,680	1,708	0.6	0.6	--	--	--	--	--	--

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3]							
		Less than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association	314	7	21	52	49	52	30	16	87
Metro Solo	70	5	12	13	7	10	7	3	13
Urban Association	119	1	7	15	22	18	10	13	33
Urban Solo	30	2	4	3	4	4	9	1	3
Rural Association	183	2	7	29	35	42	34	18	16
Rural Solo	51	0	2	16	9	15	7	2	0
All General Practitioners 2005-06	**767**	**17**	**53**	**128**	**126**	**141**	**97**	**53**	**152**
All General Practitioners 2004-05	741	15	38	125	126	125	97	63	152
Specialists									
Paediatricians and Medical Geneticists	37	1	18	7	3	4	2	0	2
Internists and Physiatrists	101	8	33	16	5	9	9	4	17
Neurologists	12	0	3	1	3	1	2	0	2
Cardiologists	14	0	0	0	1	3	1	2	7
Psychiatrists	35	25	7	2	1	0	0	0	0
Dermatologists	5	0	0	0	0	2	0	0	3
Anaesthetists	78	4	43	28	1	2	0	0	0
General Surgeons	57	5	7	25	16	4	0	0	0
Cardiac Surgeons	7	1	6	0	0	0	0	0	0
Orthopaedic Surgeons	32	1	5	12	10	4	0	0	0
Plastic and Reconstructive Surgeons	12	1	2	3	2	4	0	0	0
Neurological Surgeons	7	0	3	3	1	0	0	0	0
Obstetricians and Gynaecologists	39	3	8	10	6	9	2	0	1
Urological Surgeons	13	0	3	1	6	2	0	0	1
Ophthalmologists	24	0	1	2	1	3	3	3	11
Otolaryngologists	13	0	1	2	1	0	3	1	5
Pathologists and Diagnostic Radiologists	48	0	8	4	5	1	6	5	19
All Specialists 2005-06	**534**	**49**	**148**	**116**	**62**	**48**	**28**	**15**	**68**
All Specialists 2004-05	524	51	142	112	68	46	20	20	65
All Physicians 2005-06	**1,301**	**66**	**201**	**244**	**188**	**189**	**125**	**68**	**220**
All Physicians 2004-05	1,265	66	180	237	194	171	117	83	217

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	314	32	87	61	49	49	18	18
Metro Solo	70	20	10	16	7	7	5	5
Urban Association	119	4	25	19	29	19	12	11
Urban Solo	30	4	4	6	3	7	2	4
Rural Association	183	12	49	37	31	24	14	16
Rural Solo	51	1	5	10	12	15	2	6
All General Practitioners 2005-06	**767**	**73**	**180**	**149**	**131**	**121**	**53**	**60**
All General Practitioners 2004-05	741	55	147	148	132	135	69	55
Specialists								
Paediatricians and Medical Geneticists	37	17	15	2	0	2	0	1
Internists and Physiatrists	101	36	25	13	16	5	2	4
Neurologists	12	4	6	2	0	0	0	0
Cardiologists	14	1	4	7	1	0	0	1
Psychiatrists	35	24	5	4	1	0	0	1
Dermatologists	5	0	1	0	3	0	0	1
Anaesthetists	78	73	5	0	0	0	0	0
General Surgeons	57	11	38	8	0	0	0	0
Cardiac Surgeons	7	7	0	0	0	0	0	0
Orthopaedic Surgeons	32	5	24	3	0	0	0	0
Plastic and Reconstructive Surgeons	12	2	8	2	0	0	0	0
Neurological Surgeons	7	4	3	0	0	0	0	0
Obstetricians and Gynaecologists	39	9	18	10	2	0	0	0
Urological Surgeons	13	3	9	0	1	0	0	0
Ophthalmologists	24	1	4	4	6	7	2	0
Otolaryngologists	13	2	2	3	3	3	0	0
Pathologists and Diagnostic Radiologists	48	48	0	0	0	0	0	0
All Specialists 2005-06	**534**	**247**	**167**	**58**	**33**	**17**	**4**	**8**
All Specialists 2004-05	524	232	168	61	32	20	6	5
All Physicians 2005-06	**1,301**	**320**	**347**	**207**	**164**	**138**	**57**	**68**
All Physicians 2004-05	1,265	287	315	209	164	155	75	60

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	314	152	18	3	33	8	50	49	1
Metro Solo	70	22	5	3	11	2	13	14	0
Urban Association	119	25	3	2	11	3	19	56	0
Urban Solo	30	5	0	1	4	1	5	14	0
Rural Association	183	43	8	1	7	5	13	106	0
Rural Solo	51	6	3	1	12	1	3	25	0
All General Practitioners 2005-06	**767**	**253**	**37**	**11**	**78**	**20**	**103**	**264**	**1**
All General Practitioners 2004-05	741	250	30	10	79	15	102	254	1
Specialists									
Paediatricians and Medical Geneticists	37	12	11	2	3	1	6	2	0
Internists and Physiatrists	101	31	20	3	6	6	16	19	0
Neurologists	12	3	1	0	1	0	5	2	0
Cardiologists	14	7	2	0	0	1	2	2	0
Psychiatrists	35	13	4	1	3	1	10	2	1
Dermatologists	5	3	0	0	0	0	0	2	0
Anaesthetists	78	36	15	0	3	1	7	16	0
General Surgeons	57	19	15	0	3	1	8	11	0
Cardiac Surgeons	7	1	5	0	0	1	0	0	0
Orthopaedic Surgeons	32	14	6	0	3	0	6	3	0
Plastic and Reconstructive Surgeons	12	7	3	1	0	0	1	0	0
Neurological Surgeons	7	1	2	0	0	0	2	2	0
Obstetricians and Gynaecologists	39	15	6	1	0	1	7	9	0
Urological Surgeons	13	4	5	0	0	0	1	2	1
Ophthalmologists	24	12	1	1	6	0	1	3	0
Otolaryngologists	13	7	0	0	2	0	2	2	0
Pathologists and Diagnostic Radiologists	48	23	13	0	3	1	3	5	0
All Specialists 2005-06	**534**	**208**	**109**	**9**	**33**	**14**	**77**	**82**	**2**
All Specialists 2004-05	524	203	102	12	37	13	76	79	2
All Physicians 2005-06	**1,301**	**461**	**146**	**20**	**111**	**34**	**180**	**346**	**3**
Per Cent Distribution 2005-06	100%	35%	11%	2%	9%	3%	14%	27%	0%
All Physicians 2004-05	**1,265**	**453**	**132**	**22**	**116**	**28**	**178**	**333**	**3**
Per Cent Distribution 2004-05	100%	36%	10%	2%	9%	2%	14%	26%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	314	30	81	98	68	37
Metro Solo	70	3	14	14	24	15
Urban Association	119	24	37	27	24	7
Urban Solo	30	2	7	8	10	3
Rural Association	183	52	61	30	31	9
Rural Solo	51	5	10	15	8	13
All General Practitioners 2005-06	**767**	**116**	**210**	**192**	**165**	**84**
All General Practitioners 2004-05	741	106	207	189	160	79
Specialists						
Paediatricians and Medical Geneticists	37	1	11	11	10	4
Internists and Physiatrists	101	6	33	26	26	10
Neurologists	12	0	2	5	1	4
Cardiologists	14	2	7	2	3	0
Psychiatrists	35	2	10	9	5	9
Dermatologists	5	0	1	2	2	0
Anaesthetists	78	11	24	33	9	1
General Surgeons	57	2	22	20	7	6
Cardiac Surgeons	7	0	5	2	0	0
Orthopaedic Surgeons	32	3	10	9	6	4
Plastic and Reconstructive Surgeons	12	1	4	2	4	1
Neurological Surgeons	7	2	0	1	3	1
Obstetricians and Gynaecologists	39	2	11	14	10	2
Urological Surgeons	13	0	4	5	2	2
Ophthalmologists	24	2	5	9	5	3
Otolaryngologists	13	0	3	5	1	4
Pathologists and Diagnostic Radiologists	48	8	15	17	7	1
All Specialists 2005-06	**534**	**42**	**167**	**172**	**101**	**52**
All Specialists 2004-05	524	47	161	166	103	47
All Physicians 2005-06	**1,301**	**158**	**377**	**364**	**266**	**136**
Per Cent Distribution 2005-06	100%	12%	29%	28%	20%	10%
All Physicians 2004-05	**1,265**	**153**	**368**	**355**	**263**	**126**
Per Cent Distribution 2004-05	100%	12%	29%	28%	21%	10%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment [1] ($000's) Per Resident Physician [2] by Specialty and Range of Paid Amount

	Type of Physician [3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians [4]	288.4	1,301	234.2	767	366.1	534
Highest Paid	1,566.5		748.0		1,566.5	
Less than $ 60,000	27.5	207	27.5	141	27.5	66
$ 60,000 - $ 74,999	67.7	50	67.9	32	67.3	18
$ 75,000 - $ 99,999	87.5	98	86.8	73	89.5	25
$100,000 - $124,999	111.5	79	111.6	57	111.4	22
$125,000 - $149,999	137.2	103	136.5	69	138.8	34
$150,000 - $174,999	162.5	82	163.2	50	161.5	32
$175,000 - $199,999	188.3	82	188.4	58	187.9	24
$200,000 - $249,999	224.8	173	225.3	115	223.7	58
$250,000 - $299,999	275.2	148	275.0	91	275.6	57
$300,000 - $349,999	324.1	152	324.3	104	323.5	48
Over $350,000	546.7	334	437.3	118	606.5	216
Total	**252.6**	**1,508**	**202.1**	**908**	**328.9**	**600**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians [4]	213.0	384	257.3	149	254.4	234
Highest Paid	570.9		748.0		672.0	
Less than $ 60,000	29.2	78	31.2	18	23.1	45
$ 60,000 - $ 74,999	68.5	19	67.1	3	67.1	10
$ 75,000 - $ 99,999	86.1	49	85.9	9	89.8	15
$100,000 - $124,999	110.1	29	115.1	11	111.8	17
$125,000 - $149,999	137.1	40	137.2	13	134.2	16
$150,000 - $174,999	164.3	27	164.5	5	161.1	18
$175,000 - $199,999	189.3	29	188.5	12	186.8	17
$200,000 - $249,999	225.6	58	227.5	27	222.8	30
$250,000 - $299,999	276.4	52	270.5	18	275.5	21
$300,000 - $349,999	321.9	41	330.0	21	323.8	42
Over $350,000	425.1	40	442.8	30	444.0	48
Total	**181.9**	**462**	**232.9**	**167**	**217.1**	**279**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	222.4	37	333.3	101	736.9	14
Highest Paid	798.7		1,159.5		1,551.8	
Less than $ 60,000	21.6	15	32.1	19	32.9	2
$ 60,000 - $ 74,999	69.8	1	66.7	4	--	--
$ 75,000 - $ 99,999	91.4	2	91.8	9	--	--
$100,000 - $124,999	115.0	5	109.5	4	--	--
$125,000 - $149,999	136.8	5	141.5	11	--	--
$150,000 - $174,999	159.7	6	162.0	3	--	--
$175,000 - $199,999	189.2	2	188.5	7	--	--
$200,000 - $249,999	221.7	8	218.8	8	225.3	1
$250,000 - $299,999	269.2	3	275.9	10	--	--
$300,000 - $349,999	--	--	322.5	6	--	--
Over $350,000	560.0	5	572.5	39	776.3	13
Total	**164.5**	**52**	**285.6**	**120**	**648.9**	**16**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	280.8	12	218.5	35	372.2	5
Highest Paid	653.0		739.3		596.9	
Less than $ 60,000	--	--	29.6	9	14.5	1
$ 60,000 - $ 74,999	--	--	68.7	3	--	--
$ 75,000 - $ 99,999	97.4	1	83.7	3	--	--
$100,000 - $124,999	117.4	2	111.7	3	--	--
$125,000 - $149,999	--	--	135.0	4	--	--
$150,000 - $174,999	153.5	1	161.0	7	--	--
$175,000 - $199,999	185.7	1	176.6	1	178.0	1
$200,000 - $249,999	224.0	1	227.8	5	--	--
$250,000 - $299,999	268.7	2	277.8	3	258.1	1
$300,000 - $349,999	344.2	1	303.0	1	--	--
Over $350,000	530.8	3	546.9	5	475.0	3
Total	**280.8**	**12**	**179.8**	**44**	**312.6**	**6**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment[1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	283.0	78	366.7	57	722.6	7
Highest Paid	783.4		696.5		1,032.2	
Less than $ 60,000	6.1	1	38.7	6	--	--
$ 60,000 - $ 74,999	70.0	3	67.7	3	--	--
$ 75,000 - $ 99,999	82.4	1	92.8	1	--	--
$100,000 - $124,999	110.0	2	103.8	1	--	--
$125,000 - $149,999	138.8	2	--	--	--	--
$150,000 - $174,999	166.5	2	162.6	2	--	--
$175,000 - $199,999	189.3	5	--	--	--	--
$200,000 - $249,999	225.0	17	218.7	7	240.8	1
$250,000 - $299,999	276.5	17	272.4	4	--	--
$300,000 - $349,999	319.4	14	330.4	9	--	--
Over $350,000	466.9	15	486.2	30	802.8	6
Total	**279.5**	**79**	**335.5**	**63**	**722.6**	**7**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	365.1	32	363.8	12	396.8	7
Highest Paid	679.0		668.9		603.0	
Less than $ 60,000	--	--	--	--	28.9	2
$ 60,000 - $ 74,999	60.4	1	60.7	1	--	--
$ 75,000 - $ 99,999	--	--	94.7	1	--	--
$100,000 - $124,999	--	--	--	--	--	--
$125,000 - $149,999	146.8	1	--	--	--	--
$150,000 - $174,999	165.3	3	--	--	--	--
$175,000 - $199,999	--	--	--	--	--	--
$200,000 - $249,999	229.1	2	--	--	229.2	1
$250,000 - $299,999	272.0	6	251.7	1	295.7	2
$300,000 - $349,999	320.0	2	328.0	3	--	--
Over $350,000	485.3	17	495.8	6	489.3	4
Total	**365.1**	**32**	**363.8**	**12**	**315.1**	**9**

[1] Represents gross payments by the Medical Services Plan from which the physicians must pay overhead costs which may be high in such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	358.6	39	381.9	13	726.9	24
Highest Paid	1,138.8		1,206.5		1,268.7	
Less than $ 60,000	1.8	3	--	--	58.2	2
$ 60,000 - $ 74,999	--	--	--	--	--	--
$ 75,000 - $ 99,999	89.9	3	--	--	97.1	1
$100,000 - $124,999	101.6	2	109.0	1	--	--
$125,000 - $149,999	144.3	1	--	--	125.1	1
$150,000 - $174,999	162.4	3	--	--	167.0	1
$175,000 - $199,999	188.5	3	191.2	1	--	--
$200,000 - $249,999	229.9	3	206.9	1	224.7	1
$250,000 - $299,999	285.7	2	--	--	271.5	1
$300,000 - $349,999	325.7	5	322.2	3	--	--
Over $350,000	554.4	17	498.7	7	871.6	19
Total	**333.1**	**42**	**381.9**	**13**	**675.5**	**26**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	415.9	13	453.6	48
Highest Paid	884.9		1,566.5	
Less than $ 60,000	--	--	19.6	6
$ 60,000 - $ 74,999	--	--	67.0	2
$ 75,000 - $ 99,999	--	--	81.4	3
$100,000 - $124,999	--	--	116.1	2
$125,000 - $149,999	138.6	3	138.3	6
$150,000 - $174,999	--	--	158.9	4
$175,000 - $199,999	--	--	189.4	3
$200,000 - $249,999	236.2	1	221.2	1
$250,000 - $299,999	294.5	1	277.8	4
$300,000 - $349,999	328.1	1	317.4	3
Over $350,000	590.2	7	842.2	20
Total	**415.9**	**13**	**405.4**	**54**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment ($000's) Per Physician
By Specialty, 2000-01 to 2005-06

Type of Physician[1]	Average Payment[2] ($000'S) 2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	Average Annual Per Cent Change 2000-01 to 2005-06
General Practitioners							
Metro Association	159.8	164.3	169.4	180.0	198.9	206.2	5.26
Metro Solo	170.9	175.2	179.8	201.3	223.3	243.5	7.42
Urban Association	218.3	219.7	220.5	231.0	249.1	248.8	2.70
Urban Solo	212.4	247.2	252.8	256.8	257.0	290.9	6.70
Rural Association	223.5	206.3	216.7	224.1	238.8	245.2	2.00
Rural Solo	211.8	210.1	217.6	219.4	253.9	287.2	6.49
All General Practitioners	**191.3**	**191.6**	**197.4**	**207.3**	**225.1**	**234.2**	**4.16**
Specialists							
Paediatricians and Medical Geneticists	156.1	151.1	152.1	178.6	195.5	222.4	7.62
Internists and Physiatrists	233.4	253.5	268.9	284.9	303.7	333.3	7.40
Neurologists	238.8	237.6	228.6	235.2	250.5	280.8	3.44
Cardiologists	561.8	567.8	556.3	550.9	631.6	736.9	5.88
Psychiatrists	205.0	210.8	208.6	217.3	239.0	218.5	1.47
Dermatologists	310.3	311.1	357.4	327.5	362.8	372.2	4.03
Anaesthetists	200.9	215.1	237.1	237.7	262.3	283.0	7.15
General Surgeons	291.7	298.8	304.7	304.7	336.5	366.7	4.77
Cardiac Surgeons	480.0	505.5	441.8	511.0	686.7	722.6	9.60
Orthopaedic Surgeons	308.9	286.2	305.8	323.0	359.2	365.1	3.60
Plastic and Reconstructive Surgeons	277.4	286.0	254.6	297.9	334.4	363.8	6.04
Neurological Surgeons	325.1	347.7	280.2	343.0	344.0	396.8	5.12
Obstetricians and Gynaecologists	275.1	250.8	277.5	305.2	334.2	358.6	5.72
Urological Surgeons	323.2	294.6	322.1	350.5	411.3	381.9	3.90
Ophthalmologists	500.3	452.9	497.6	543.6	636.0	726.9	8.19
Otolaryngologists	391.2	337.2	359.3	395.6	407.0	415.9	1.58
Pathologists and Diagnostic Radiologists	499.1	499.2	498.7	490.9	487.9	453.6	-1.86
All Specialists	**292.3**	**290.0**	**301.0**	**316.0**	**343.7**	**366.1**	**4.65**
Spec. less Pathologists & Radiologists	274.3	274.0	285.3	301.8	331.8	357.5	5.49
All Physicians	**230.4**	**232.1**	**240.1**	**251.8**	**274.2**	**288.4**	**4.62**
Phys. less Pathologists & Radiologists	221.8	224.1	232.0	244.3	267.2	282.0	4.96

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.
Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Laboratory services provided by Pathologists are now the responsibility of Regional Health Authorities. As a result, Pathologists' fee-for-service payments are minimal.
3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.
4) Effective April 1, 2001 all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.
5) Effective April 1, 2002 all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.
6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	180	215.8	49	500.2	63	487.6	35	438.5
Saskatoon[3]	206	209.6	128	250.3	97	423.6	81	308.2
Moose Jaw	30	250.2	3	745.7	9	388.7	3	204.0
Prince Albert	52	235.1	10	269.8	14	334.2	6	464.1
Yorkton	16	256.6	3	264.2	7	396.3	–	–
Swift Current	14	229.8	4	389.2	6	276.5	1	**
North Battleford	17	309.9	3	192.2	5	256.6	–	–
Estevan	9	383.5	–	–	–	–	–	–
Weyburn	12	244.2	–	–	–	–	–	–
All Other Locations	231	255.0	4	171.0	3	297.0	–	–
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year[2]	717	237.6	201	319.7	201	425.9	125	349.8
2. Resident Full Year[2]	711	242.1	199	322.3	192	435.9	120	358.1
3. Resident and Active in Two Consecutive Years[2]	675	247.8	188	335.4	187	444.7	112	374.4
4. Resident During Any Portion of the Year and Earning $60,000 or More	806	228.7	214	309.6	209	419.0	133	336.0
5. Person-Year Equivalents and Earning $60,000 or More[4]	771.6	238.9	207.4	319.5	202.9	431.7	127.4	350.9
6. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	631	260.5	177	350.1	179	461.9	102	398.6
7. Resident at Year End and Not in Teaching Institutions[2]	756	236.1	134	399.5	169	429.9	77	421.1
C. By Age Group:[2]								
Under 35	116	184.3	11	290.6	12	433.2	19	269.6
35 - 44	210	239.4	64	274.7	64	441.2	39	296.1
45 - 54	192	252.3	55	323.6	67	474.0	50	401.5
55 - 64	165	250.8	47	390.3	38	432.0	16	381.2
65 +	84	216.2	27	302.6	23	216.7	2	499.6

[1] Physicians are grouped as follows:
- Medical Specialists include Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists, and Medical Geneticists.
- Surgical Specialists include General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists include Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency Coverage[3]	Total Payments for Emergency Coverage
	Number of Rotations				
	Tier I	Tier II	Payments[2]		
Regional Health Authority					
1 Sun Country	4	2	$318,254	$774,368	$1,092,622
2 Five Hills	5	5	$653,151	$318,080	$971,231
3 Cypress	6	3	$701,255	$563,918	$1,265,173
4 Regina Qu'Appelle	35	9	$4,170,872	$653,979	$4,824,852
5 Sunrise	5	4	$601,355	$539,730	$1,141,085
6 Saskatoon	42	22	$5,375,899	$690,231	$6,066,129
7 Heartland	0	2	$15,000	$830,945	$845,945
8 Kelsey Trail	0	7	$185,563	$753,924	$939,487
9 Prince Albert Parkland	7	4	$890,699	$268,302	$1,159,001
10 Prairie North	11	5	$1,023,722	$462,785	$1,486,507
11 Mamawetan Churchill River	0	0	$0	$117,600	$117,600
12 Keewatin Yatthe	0	0	$0	$248,475	$248,475
13 Athabasca	0	0	$0	$162,040	$162,040
All Regional Health Authorities	115	63	$13,935,769	$6,384,376	$20,320,146
Other Emergency Coverage					
Medical Health Officers	0	2	$120,000	--	$120,000
Saskatchewan Cancer Agency	0	7	$361,042	--	$361,042
All Emergency Coverage	**115**	**72**	**$14,416,811**	**$6,384,376**	**$20,801,188**

[1] Includes payments made indirectly to physicians through Regional Health Authorities, the Saskatchewan Cancer Agency or other.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program.

[3] Includes payments processed through the Claims System as well as any alternate payments and payments for travel expenses when general practitioners provide weekend relief.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures ($000's)

	Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06
Regional Health Authority						
1 Sun Country	$1,556	$1,681	$0	$6	$1,556	$1,687
2 Five Hills	$2,494	$2,720	$489	$637	$2,983	$3,356
3 Cypress	$1,852	$2,024	$1,722	$1,891	$3,574	$3,915
4 Regina Qu'Appelle	$30,499	$33,733	$3,874	$3,965	$34,373	$37,698
5 Sunrise	$3,346	$3,852	$1	$0	$3,346	$3,852
6 Saskatoon	$21,061	$23,300	$4,944	$5,269	$26,006	$28,569
7 Heartland	$285	$484	$5	$1	$289	$485
8 Kelsey Trail	$876	$974	-$815	$877	$1,691	$1,851
9 Prince Albert Parkland	$3,772	$4,624	$3,710	$4,046	$7,481	$8,670
10 Prairie North	$3,609	$3,876	$792	$1,822	$4,402	$5,698
11 Mamawetan Churchill River	$58	$64	$433	$215	$492	$279
12 Keewatin Yatthe	$0	$0	$84	$128	$84	$128
13 Athabasca	$0	$0	$84	$85	$84	$85
All Regional Health Authorities	$69,409	$77,332	$16,953	$18,942	$86,362	$96,274
Provincial Projects[2]	$0	$0	$4,118	$4,431	$4,118	$4,431
All Expenditures	**$69,409**	**$77,332**	**$21,071**	**$23,373**	**$90,479**	**$100,705**

[1] These expenditures for physician services are administered through Regional Health Authorities and funded by Saskatchewan Health.

[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthe	Athabasca	**Total**
Under 1	M	262	263	210	1,341	280	1,632	219	240	550	564	245	114	31	5,951
	F	273	245	219	1,305	227	1,566	192	224	500	559	243	107	37	5,697
	T	535	509	429	2,645	507	3,198	410	464	1,051	1,123	488	221	68	11,648
1 - 4	M	1,205	1,152	979	5,639	1,082	6,955	900	989	2,208	2,250	953	444	109	24,866
	F	1,165	1,104	895	5,442	1,092	6,482	860	942	2,055	2,236	955	442	108	23,778
	T	2,371	2,256	1,874	11,081	2,174	13,436	1,760	1,931	4,263	4,487	1,908	886	217	48,644
5 - 9	M	1,610	1,520	1,318	7,572	1,538	9,161	1,318	1,338	2,799	2,880	1,173	577	126	32,928
	F	1,610	1,483	1,262	7,226	1,438	8,605	1,280	1,322	2,813	2,774	1,158	527	119	31,617
	T	3,220	3,003	2,580	14,798	2,976	17,765	2,598	2,660	5,612	5,653	2,331	1,104	245	64,545
10 - 14	M	1,864	1,782	1,504	8,704	1,771	10,386	1,538	1,532	3,285	3,087	1,282	673	130	37,537
	F	1,799	1,730	1,416	8,353	1,716	9,781	1,430	1,475	3,122	2,896	1,277	618	135	35,749
	T	3,663	3,512	2,920	17,057	3,487	20,168	2,967	3,007	6,407	5,983	2,559	1,291	265	73,286
15 - 19	M	2,068	2,266	1,698	9,514	2,048	11,073	1,827	1,706	3,308	3,298	1,212	670	138	40,826
	F	1,917	2,036	1,622	9,030	2,009	10,572	1,829	1,637	3,103	3,092	1,103	635	116	38,701
	T	3,985	4,302	3,320	18,544	4,057	21,645	3,656	3,342	6,411	6,390	2,315	1,305	254	79,527
20 - 24	M	2,062	2,234	1,561	9,759	1,934	11,410	1,783	1,587	2,935	3,148	888	488	113	39,900
	F	1,874	1,985	1,474	9,301	1,860	11,267	1,527	1,368	2,804	2,920	869	440	133	37,823
	T	3,936	4,218	3,035	19,060	3,794	22,677	3,310	2,955	5,739	6,068	1,757	928	246	77,723
25 - 29	M	1,724	1,681	1,280	8,828	1,592	10,546	1,277	1,246	2,386	2,594	805	387	104	34,450
	F	1,499	1,636	1,189	8,638	1,412	10,401	1,143	1,133	2,263	2,443	759	395	81	32,992
	T	3,222	3,317	2,469	17,467	3,004	20,948	2,419	2,378	4,650	5,037	1,564	782	185	67,442
30 - 34	M	1,557	1,463	1,144	8,029	1,474	9,701	1,109	1,207	2,198	2,282	727	407	75	31,373
	F	1,445	1,461	1,168	7,800	1,379	9,435	1,071	1,090	2,334	2,247	758	402	77	30,667
	T	3,002	2,924	2,312	15,829	2,854	19,136	2,179	2,297	4,532	4,529	1,485	809	152	62,040
35 - 39	M	1,525	1,389	1,198	8,182	1,517	9,538	1,181	1,192	2,377	2,193	779	433	77	31,581
	F	1,494	1,535	1,255	8,109	1,569	9,496	1,138	1,193	2,399	2,177	672	421	76	31,534
	T	3,020	2,924	2,453	16,291	3,085	19,034	2,318	2,386	4,776	4,370	1,451	854	153	63,115
40 - 44	M	2,088	2,065	1,665	9,890	1,974	11,667	1,546	1,515	2,698	2,610	689	412	78	38,898
	F	1,984	2,087	1,693	10,004	1,975	11,640	1,558	1,397	2,853	2,633	661	380	80	38,944
	T	4,073	4,152	3,358	19,894	3,949	23,307	3,104	2,912	5,551	5,243	1,350	792	158	77,842
45 - 49	M	2,174	2,299	1,872	9,639	2,204	11,491	1,908	1,551	2,804	2,636	627	344	54	39,602
	F	2,055	2,175	1,751	9,812	2,048	11,682	1,676	1,504	2,736	2,559	598	284	46	38,926
	T	4,229	4,474	3,623	19,451	4,252	23,173	3,584	3,055	5,540	5,195	1,225	628	100	78,528
50 - 54	M	1,943	2,025	1,577	8,717	2,127	10,000	1,727	1,537	2,574	2,290	546	254	30	35,346
	F	1,737	1,985	1,494	8,751	1,985	9,924	1,465	1,422	2,430	2,112	485	238	36	34,063
	T	3,680	4,009	3,071	17,468	4,112	19,924	3,192	2,959	5,004	4,401	1,031	492	66	69,409
55 - 59	M	1,556	1,702	1,339	6,964	1,795	8,025	1,274	1,330	2,177	1,803	420	229	31	28,644
	F	1,472	1,586	1,293	7,000	1,787	7,802	1,268	1,339	2,209	1,652	372	168	34	27,983
	T	3,029	3,288	2,632	13,965	3,582	15,826	2,542	2,669	4,387	3,454	792	397	65	56,627
60 - 64	M	1,246	1,217	1,017	4,949	1,492	5,608	1,027	1,166	1,742	1,405	276	165	36	21,346
	F	1,191	1,256	1,070	5,215	1,596	5,777	988	1,079	1,680	1,305	214	136	19	21,525
	T	2,436	2,474	2,087	10,163	3,088	11,385	2,016	2,245	3,422	2,710	490	301	55	42,871
65 - 69	M	1,036	1,051	910	4,069	1,381	4,501	906	997	1,401	1,146	192	132	15	17,736
	F	1,067	1,106	952	4,398	1,468	5,056	901	935	1,392	1,079	179	92	13	18,638
	T	2,103	2,157	1,861	8,467	2,850	9,558	1,807	1,932	2,793	2,225	371	224	28	36,374
70 - 74	M	1,050	1,030	874	3,588	1,313	4,050	837	824	1,235	946	156	75	18	15,996
	F	1,060	1,191	906	4,123	1,444	4,726	929	906	1,297	989	135	88	16	17,812
	T	2,110	2,222	1,780	7,711	2,758	8,777	1,766	1,730	2,533	1,935	291	163	34	33,808
75 & Over	M	2,135	2,261	1,814	6,407	2,857	7,471	1,839	1,765	2,129	1,636	156	121	18	30,610
	F	3,089	3,473	2,591	10,580	4,159	12,217	2,654	2,517	3,048	2,394	207	98	14	47,041
	T	5,225	5,734	4,404	16,986	7,015	19,688	4,494	4,283	5,177	4,030	363	219	32	77,651
Total all ages	**M**	27,105	27,400	21,957	121,791	28,379	143,215	22,214	21,720	38,808	36,767	11,126	5,925	1,183	507,590
	F	26,734	28,075	22,245	125,086	29,165	146,430	21,910	21,484	39,039	36,067	10,645	5,471	1,140	513,490
	T	53,839	55,476	44,201	246,877	57,543	289,645	44,124	43,204	77,847	72,834	21,771	11,396	2,323	1,021,080

Notes: 1) Population as at June 30, 2005.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30
Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

Regional Health Authority of Patient Residence	Regional Health Authority of Physician Practice													
	1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthe	13 Athabasca	Out of Province	Total
1 Sun Country	82.2	1.1	0.1	11.7	0.2	0.8	0.9	0.1	0.1	0.1	0.0	0.0	0.0	2.6	100.0
2 Five Hills	0.9	87.3	0.8	6.1	0.1	1.8	0.3	0.1	0.1	0.1	0.0	0.0	0.0	2.3	100.0
3 Cypress	0.2	1.8	85.5	2.4	0.0	2.2	0.6	0.0	0.1	0.2	0.0	0.0	0.0	6.9	100.0
4 Regina Qu'Appelle	0.6	0.8	0.2	94.0	0.5	1.5	0.1	0.1	0.2	0.1	0.0	0.0	0.0	2.0	100.0
5 Sunrise	0.3	0.2	0.2	7.2	84.3	3.5	0.3	0.7	0.2	0.1	0.0	0.0	0.0	3.0	100.0
6 Saskatoon	0.1	0.1	0.1	1.1	0.2	93.9	0.3	0.5	1.0	0.5	0.0	0.0	0.0	2.1	100.0
7 Heartland	0.1	1.3	1.4	0.6	0.1	10.7	75.5	0.1	0.2	3.6	0.0	0.0	0.0	6.5	100.0
8 Kelsey Trail	0.1	0.1	0.1	1.0	0.6	6.5	0.1	83.1	6.0	0.3	0.1	0.0	0.0	2.0	100.0
9 Prince Albert Parkland	0.0	0.1	0.0	0.6	0.1	6.5	0.1	1.5	87.0	1.8	0.2	0.1	0.0	2.1	100.0
10 Prairie North	0.1	0.1	0.0	0.4	0.1	4.2	1.0	0.1	1.1	74.2	0.0	0.0	0.0	18.8	100.0
11 Mamawetan Churchill River	0.0	0.1	0.0	0.6	0.2	5.3	0.0	0.4	23.4	0.6	45.2	0.2	0.0	23.9	100.0
12 Keewatin Yatthe	0.0	0.1	0.0	0.5	0.1	8.6	0.0	0.1	5.1	40.6	0.7	39.1	0.0	5.1	100.0
13 Athabasca	0.0	0.1	0.0	1.8	0.0	20.1	0.5	0.3	55.3	1.7	8.1	0.8	0.0	11.4	100.0
Rural Emergency Coverage	12.4	5.8	10.0	10.6	9.0	11.0	13.4	10.2	4.6	7.7	1.9	2.0	1.3	0.0	100.0
All Regional Health Authorities	**5.3**	**5.2**	**4.0**	**24.7**	**5.5**	**27.2**	**4.2**	**4.3**	**8.2**	**6.3**	**0.7**	**0.4**	**0.0**	**4.0**	**100.0**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Payments to physicians by regional health authority have not been adjusted for itinerant services.
5) See "Data Limitations" on page 10.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	209.10	7.51	85.3	167.04	2.77	36.2	376.14	10.28	86.4
2 Five Hills	184.64	7.33	86.0	215.38	3.82	44.5	400.02	11.15	87.7
3 Cypress	181.93	7.01	82.5	200.78	3.95	41.8	382.71	10.95	84.8
4 Regina Qu'Appelle	190.23	7.13	86.6	226.30	4.14	47.7	416.53	11.27	88.3
5 Sunrise	202.91	7.85	84.5	204.02	3.76	42.6	406.93	11.62	86.7
6 Saskatoon	176.18	6.68	86.0	234.11	4.75	51.1	410.29	11.44	88.1
7 Heartland	206.53	7.64	85.7	191.44	3.62	42.5	397.97	11.26	87.4
8 Kelsey Trail	200.39	7.44	84.3	174.87	3.02	37.2	375.27	10.47	85.6
9 Prince Albert Parkland	204.62	7.82	88.5	198.90	3.80	45.1	403.52	11.62	90.0
10 Prairie North	192.37	6.80	82.1	175.09	3.95	38.6	367.46	10.76	83.7
11 Mamawetan Churchill River	116.16	4.13	69.2	129.30	2.36	30.0	245.47	6.49	72.4
12 Keewatin Yatthe	128.16	4.12	68.1	131.83	2.39	30.1	259.99	6.51	71.3
13 Athabasca	32.84	1.06	27.2	140.97	2.38	34.1	173.81	3.44	47.7
All Regional Health Authorities	**187.06**	**7.02**	**83.6**	**209.75**	**4.03**	**44.9**	**396.81**	**11.05**	**85.4**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs.
5) See "Data Limitations" on page 10.

Table 32
General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1 Sun Country	40	36	1,496	$283,752	2,434	7,283
2 Five Hills	50	40	1,387	$250,183	2,441	8,741
3 Cypress	37	29	1,524	$228,547	1,869	6,237
4 Regina Qu'Appelle	271	204	1,210	$228,095	2,718	6,154
5 Sunrise	42	33	1,744	$299,949	2,352	8,210
6 Saskatoon	317	238	1,217	$216,045	2,609	5,688
7 Heartland	31	27	1,634	$296,508	2,145	7,505
8 Kelsey Trail	38	31	1,394	$262,472	2,233	6,550
9 Prince Albert Parkland	82	66	1,180	$237,597	2,873	6,668
10 Prairie North	78	47	1,550	$244,736	2,297	6,092
11 Mamawetan Churchill River	13	11	1,979	$112,401	2,041	3,025
12 Keewatin Yatthe	15	5	2,279	$75,376	1,301	2,136
13 Athabasca	6	0	--	--	--	--
All Regional Health Authorities	990	767	1,331	$234,209	2,538	6,218

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one regional health authority but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education [1] and Retention Rates by Academic Year [2]

Type of Physician	2000-01 Completed Program	2000-01 Remained[3] in Saskatchewan	2001-02 Completed Program	2001-02 Remained[3] in Saskatchewan	2002-03 Completed Program	2002-03 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	10 [4]	5	9 [5]	2	10 [4]	6
Family Medicine – Saskatoon	6	3	10	7	11 [6]	5
Family Medicine – Rural	3	3	3	3	1	1
Family Medicine/Emergency	2	2	2	2	1	1
All Family Medicine	**21**	**13**	**24**	**14**	**23**	**13**
Anaesthesia	2	2	2	1	4	3
Cardiology	1	-	1	-	1	1
Diagnostic Radiology[8]	2	-	3	2	3	1
General Surgery	4	2	3	2	3	-
Internal Medicine	1 [4]	-	2	1	-	-
Neonatal/Perinatal	-	-	-	-	-	-
Neurology	1	-	1	1	-	-
Neurosurgery	1	-	-	-	-	-
Obstetrics/Gynaecology	3	1	3	2	4	2
Ophthalmology	2	-	1	1	-	-
Orthopaedic Surgery	2	1	2	-	2	1
Paediatrics	-	-	-	-	1	1
Pathology	-	-	-	-	-	-
Physical Medicine & Rehabilitation	-	-	1	1	1	1
Psychiatry	4	1	3	1	4	1
Respiratory Medicine	1	1	1	1	1	-
Rheumatology	1	-	1	1	-	-
All Specialists	**25**	**8**	**24**	**14**	**24**	**11**
Total CSF Funded	**46**	**21**	**48**	**28**	**47**	**24**
Externally Funded	**8**	**5**	**3**	**2**	**0**	**0**
Total Physicians	**54**	**26**	**51**	**30**	**47**	**24**
CSF Funded Retention Rates[7]						
Family Medicine		65%		64%		68%
Specialists		33%		58%		46%
All Physicians		**48%**		**61%**		**56%**
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**50%**		**61%**		**56%**

[1] The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Net of the number of graduates who have entered further training.

[8] Medical Imaging became Diagnostic Radiology in 2004-05.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2003-04 Graduates in 2003	2003-04 Remained[3] in Saskatchewan	2004-05 Graduates in 2004	2004-05 Remained[3] in Saskatchewan	CSF Funded Positions in 2005-06	Retention Rate[7] of June 2005 Graduates
Funded by the Clinical Services Fund						
Family Medicine – Regina	9[4]	5	9	6	17	67%
Family Medicine – Saskatoon	9[5]	3	10	8	22	80%
Family Medicine – Rural	5	4	3	1	7	33%
Family Medicine/Emergency	3	2	2	2	2	100%
All Family Medicine	**26**	**14**	**24**	**17**	**48**	**71%**
Anaesthesia	2	-	3	1	16	33%
Cardiology	2	2	1	1	3	100%
Diagnostic Radiology[8]	3	3	3	3	16	100%
General Surgery	2	-	2	1	20	50%
Internal Medicine	-	-	-	-	29	0%
Neonatal/Perinatal	-	-	-	-	0	0%
Neurology	1	-	-	-	5	0%
Neurosurgery	2	-	1	-	5	0%
Obstetrics/Gynaecology	1	1	3	1	14	33%
Ophthalmology	1	1	1	-	5	0%
Orthopaedic Surgery	2	-	2	-	11	0%
Paediatrics	2	-	1	-	17	0%
Pathology	-	-	-	-	6	0%
Physical Medicine & Rehabilitation	-	-	-	-	7	0%
Psychiatry	1	1	4	3	14	75%
Respiratory Medicine	1	-	1	1	1	100%
Rheumatology	1	1	-	-	1	0%
All Specialists	**21**	**9**	**22**	**11**	**170**	**50%**
Total CSF Funded	**47**	**23**	**46**	**28**	**218**	**61%**
Externally Funded	**4**	**4**	**10**	**7**	**22**	**70%**
Total Physicians	**51**	**27**	**56**	**35**	**240**	**63%**
CSF Funded Retention Rates[7]						
Family Medicine		61%		71%		
Specialists		43%		50%		
All Physicians		**52%**		**61%**		
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**56%**		**63%**		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2004-05	2005-06	2004-05	2005-06
Number of Registered[1] Practitioners	167	166	115	120
Population Per Registered[1] Practitioner	6,096	6,151	8,853	8,509
Per Cent of Beneficiaries Treated	10.8%	11.1%	9.5%	9.3%
Practising[2] Chiropractors and Optometrists:				
Number of Practitioners	165	164	115	119
Number by Age Group: Under 35	52	48	33	36
35 - 44	53	55	32	32
45 - 54	41	41	23	25
55 - 64	16	17	24	22
65 and over	3	3	3	4
Average Number of Patients Per Practitioner	865	894	851	808
Average Patient Contacts Per Practitioner	4,826	4,965	941	892
Average Payment Per Practitioner	$57,958	$61,407	$35,901	$35,880
Number by Dollar Range: Less than $10,000	9	5	6	8
$10,000 - 19,999	14	9	16	14
$20,000 - 39,999	29	33	48	51
$40,000 - 59,999	43	44	34	36
$60,000 - 79,999	34	36	10	9
$80,000 - 99,999	19	19	1	0
$100,000 - 119,999	6	7	0	1
$120,000 - 139,999	5	3	0	0
$140,000 - 159,999	3	2	0	0
$160,000 - 179,999	3	5	0	0
$180,000 & over	0	1	0	0

[1] Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

[2] Chiropractors and Optometrists receiving $1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- Specialist Recruitment and Retention Program -- The fund was established as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee with representation from the SMA, RHAs and Saskatchewan Health. Medical residents in specialty training at the U of S are eligible for a maximum of 3 years funding with a commitment to provide one-year return-of-service for each year of funding received.

- Specialist Emergency Coverage Program -- This program was negotiated as part of the 2000-2003 SMA Agreement and is managed by a tripartite committee which includes the SMA, RHAs and Saskatchewan Health. At a $15 million annual cost, the primary objective of this program is to meet the emergency needs of the public and to ensure fair compensation to those specialists providing this service (see Table 27).

- Long Service Retention Program -- a $4 million program established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.

- Specialists Physician Enhancement Training Program-- This program is designed to provide 6 grants of up to $80,000 per year to allow practising specialists the opportunity to obtain additional training to a maximum of 2 years. All recipients are required to fulfill a return-of-service commitment.

- Rural Practice Establishment Grant (RPEG) Program -- Grants of $18,000 are available to Canadian-trained or landed immigrant physicians that establish new practices in rural communities for 18 months minimum.

- Rural Practice Establishment Grant (RPEG) Program for Foreign-Trained Physicians -- Grants of $18,000 are available to eligible foreign-trained family physicians that establish practice for 18 months in a rural community. The 18-month return-of-service commitment begins after the first 18 months required to qualify for the program has been completed.

- Emergency Room Coverage/Weekend Relief Program -- A $6.7 million fund is directed to compensating physicians providing emergency room coverage in rural areas, and assisting communities with fewer than 3 physicians to access a list of physicians willing to provide relief coverage when needed.

- Physician Incorporation -- Incorporation has been available to physicians since August 2000 making Saskatchewan competitive with other jurisdictions in attracting and retaining physicians.

- Regional Practice Establishment (RPEG) Program -- This pilot project will provide $10,000 to eligible family physicians who establish a practice for 18 months minimum in a regional center between January and December 2004. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.

- Medical Resident Bursary Program -- Bursaries of $25,000 are available to assist family medicine residents with educational expenses in exchange for a rural service commitment.

- Undergraduate Medical Student Bursary Program -- Grants, at the current level of $15,000, are available to medical students who sign a return-of-service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency will now be eligible for 3 years of undergraduate funding and 2 years of resident funding to a maximum of $95,000.

- Rural Practice Enhancement Training -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- Re-Entry Training Program -- This program initiated in 1999 through the Committee on Rural Practice provided two grants annually to rural family physicians who wished to enter specialty training. Physicians must have practised full-time in rural Saskatchewan for 3 years to qualify plus make a return-of-service commitment. In 2000 this program was merged into a new Specialist Re-Entry Training Program that included 2 positions funded by Saskatchewan Health.

  A joint committee, which includes the College of Medicine, the SMA and Saskatchewan Health, has developed criteria for awarding the 4 available positions to Saskatchewan-based family physicians.

- Rural Emergency Care - CME Program -- This Continuing Medical Education program is intended to provide funds to rural physicians for certification and re-certification of skills in emergency care and risk management. Full costs of Canadian tuition and a portion of travel and accommodation expenses may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return-of-service commitment is expected.

- Locum Service Program -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.

- Support Services -- The SMA operates a Rural Travel Assistance Program and a Rural Extended Leave Program.

- Technology -- A number of pilot projects are underway that will introduce technology to support and enhance practices of rural physicians.

Agreements with Professional Associations

- The current physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2003 to March 31, 2006. It provided fee increases in the Payment Schedule of 8.3% on October 1, 2003 and 6% on April 1, 2004 and 2005 plus $3 million per year for new items and modernization of the Schedule. The agreement also provided a total of $11.2 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57).

- The current chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2003 to March 31, 2006 and provided fee increases of 3% in each year of the contract.

- The newly negotiated optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covers three years, April 1, 2005 to March 31, 2008. It provides a 6% general fee increase retroactive to April 1, 2005, inclusion of assessments of ocular urgencies and emergencies by optometrists as insured services effective April 1, 2006, and a 1% general fee increase March 31, 2007.

- The latest dental agreement between the College of Dental Surgeons and Saskatchewan Health covered 10 years, August 1, 1995 to March 31, 2005.

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